



**AFFIDAVIT****THE STATE OF TEXAS**§  
§  
§**COUNTY OF WALKER**

BEFORE ME, the undersigned authority, personally appeared **Devoriah Nauls**, who, being by me duly sworn, deposed as follows:

"My name is **Devoriah Nauls**, and I am over the age of eighteen (18), of sound mind, competent and capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the Correctional Clinical Associate at The University of Texas Medical Branch - Correctional Managed Care, Health Services Archives and my office is located in Huntsville, Texas. In this capacity, I am the individual who can authenticate and certify as official, copies of medical records at the **TDCJ Health Services Archives**. Attached hereto are **343** pages of records, time period **July 1, 2002** to **January 15, 2004** and **July 15, 2011** to **July 28, 2011** from the medical records of **Larry G. McCollum**, **TDCJ # 1721640**. These said records are kept in the regular course of business by an employee or representative of UTMB-Correctional Managed with knowledge of the act, ~~event, condition, opinion or diagnosis, recorded or to transmit information thereof to be~~ included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original medical records maintained by **TDCJ Health Services Archives**".

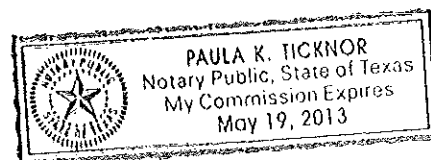
  
Devoriah Nauls

State of Texas,

County of Walker

Before Me Paula K. Ticknor on this day personally appeared Devoriah Nauls, known to me through her Texas Driver's License to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 12<sup>th</sup> day of July, A.D., 2012



## ----- SYSM INBASKET MESSAGE REVIEW -----

ser ID: LEW9886  
 nter Command ==>

02:37pm - Mon, Jul 02, 2012

o: LEW9886 - EWING, LEISA  
 rom: LOU9260 - OUTLAW, LARRY  
 ubject: TORT RECORDS REQUEST

Priority: 999

Message ID: 830766  
 Date Sent: 07/02/12  
 Time Sent: 02:35pm

TO: TDCJ MEDICAL ARCHIVES  
 FROM: OFFICE OF THE GENERAL COUNSEL

DATE: 07 / 02 / 2012

RE: NAME: MCCOLLUM, LARRY G.  
 TDCJ#: 1721640

CAUSE NUMBER: ESTATE OF LARRY MCCOLLUM V. TDCJ, ETAL 3:12-CV-2037

THIS OFFICE IS REQUESTING RELEVANT FILES IN REFERENCE TO THE ABOVE  
 NAMED LITIGATION TO BE USED IN ACCORDANCE WITH A COURT HEARING.  
 PLEASE FORWARD TWO (2) CERTIFIED COPIES WITH TWO (2) ORIGINAL  
 AFFIDAVITS OF THE FOLLOWING RECORDS TO THE UNDERSIGNED.

\*\*\*\*\*  
 THE ATTORNEY GENERAL HAS REQUESTED THE FOLLOWING RECORDS BE PRODUCED:

COMMANDS: Ans TRa Read DEfer FILE Post EEdit DEL PUT QUE DCal Print Help End

1105538  
 04

25904  
 11-04



SOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
AT DALLAS

Office of the Medical Examiner  
Autopsy Report



**COPY**  
DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCES

Case: IFS-11-10161 - ME

172 1640

Decedent: McCollum, Larry Gene 58 years White Male DOB: 04/04/1953

Date of Death: 07/28/2011 (Actual)

Time of Death: 11:35 PM (Actual)

Examination Performed: 07/29/2011 09:30 AM

**ORGAN WEIGHTS:**

Brain: 1,600 g	Right Lung 700 g	Right Kidney: 260 g
Heart: 550 g	Left Lung: 500 g	Left Kidney: 280 g
Liver: 2,590 g	Spleen: 250 g	

**EXTERNAL EXAMINATION**

The body is identified by tags. Photographs and fingerprints are taken.

The body is received nude. No personal effects or jewelry are present on the body.

The body is that of a normally-developed white male which appears consistent with the recorded age of 58 years. When nude, it measures 70 inches in length and weighs 345 pounds. There is good preservation in the absence of embalming. Rigor mortis is present. Lividity is located on the posterior body surfaces and blanches with pressure. The body is room temperature in the presence of minimal refrigeration.

The hairline is receding and there is short gray hair that is cut very close to the scalp. Mustache and beard stubble are on the face. The irides are brown and there are no petechiae of the bulbar or palpebral surface of the conjunctivae. The ears, nose, and lips are unremarkable. The mouth has natural dentition. The neck is without masses or unusual mobility. The chest and back are unremarkable. The abdomen is protuberant. The extremities are symmetric. The external genitalia, perineum, and anus are unremarkable.

A 1 inch area of indentation and red discoloration is on the right side of the forehead.

**IDENTIFYING MARKS AND SCARS**

A 3 inch linear scar is obliquely oriented on the right side of the abdomen.

A 2 inch linear scar is on the right temporal scalp.

**EVIDENCE OF TREATMENT**



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**RECEIVED**

NOV 02 2011 *cm*

**COPIED AND SENT**

IFS-11-10161

McCollum, Larry Gene



Page 2 of 6

- Cardiac monitor pads affixed to the chest
- Intravascular catheter in upper right arm
- Hospital band encircling left wrist
- Foley catheter
- Rectal catheter connected to plastic bag containing fecal material
- Needle puncture surrounded by ecchymosis in the left inguinal region
- Needle punctures in the right inguinal region, with extravasated blood within the soft tissue and musculature surrounding the right inguinal canal

#### EVIDENCE OF INJURY

A 1/4 inch purple contusion is on the superior aspect of the bridge of the nose.

Reflection of the scalp reveals a 3 cm area of hemorrhage in the left temporalis muscle along the parietal bone. A 1 inch purple contusion with central abrasion is immediately inferior to the left external ear. Deep to this is a 4 cm area of hemorrhage within the underlying soft tissue.

A 2 cm purple contusion is on the left supraclavicular region. A 2 inch purple to yellow contusion is on the right upper abdomen near the subcostal margin. A few purple contusions measuring between 1 and 2 cm each are on the left side of the chest. A 1/2 inch red abrasion is on the front of the proximal left forearm. A 2 inch purple contusion is on the posterior aspect of the left thigh.

#### INTERNAL EXAMINATION

**BODY CAVITIES:** Approximately 300 cc of tan clear fluid are within each pleural cavity. The pericardial and peritoneal cavities contain no adhesions or abnormal collections of blood or other fluid.

**HEAD:** See EVIDENCE OF INJURY. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with flattened gyri and effaced sulci. There is mild notching of the parahippocampal gyri. The cerebellar tonsils are soft; sections reveal friable, tan-red necrotic parenchyma. The cranial nerves and blood vessels are unremarkable. Sections through the brainstem are unremarkable. Sections through the cerebral hemispheres exhibit diffuse blurring of the gray-white matter junctions. There are no hemorrhages in the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.

**NECK:** The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

**CARDIOVASCULAR SYSTEM:** The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The heart is markedly enlarged, with normal contours. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, and there are no focal

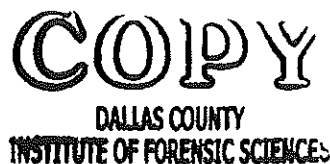


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IFS-11-10161

McCollum, Larry Gene

abnormalities.



Page 3 of 6

**RESPIRATORY SYSTEM:** The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

**HEPATOBIILIARY SYSTEM:** The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 10 cc of dark green bile, and one dark green cholesterol stone measuring approximately 2 inches in greatest dimension.

**GASTROINTESTINAL SYSTEM:** The tongue is grossly normal both externally and upon sectioning. The esophageal mucosa is gray, smooth, and unremarkable. The stomach is empty. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is absent. The pancreas is unremarkable externally and upon sectioning.

**GENITOURINARY SYSTEM:** The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelvis, and ureters are unremarkable. The urinary bladder is empty. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable both externally and upon sectioning.

**ENDOCRINE SYSTEM:** The thyroid and adrenal glands are unremarkable externally and upon sectioning.

**LYMPHORETICULAR SYSTEM:** The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are unremarkable.

**MUSCULOSKELETAL SYSTEM:** The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

#### **MICROSCOPIC EXAMINATION:**

Heart: myocyte hypertrophy; increased interstitial and perivascular fibrosis.

Lung: vascular congestion.

Liver: moderate macrovesicular steatosis, mild focal centrilobular necrosis.

Kidney: No significant pathologic alteration is identified.

Spleen: diffuse hypocellularity with depletion of both the red and white pulp.



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IFS-11-10161

McCollum, Larry Gene

**TOXICOLOGY:**



Page 4 of 6

**Evidence Submitted:**

The following items were received by the Laboratory from the Office of the Medical Examiner:

- 004: Biohazard Bag
- 004-001: Blood, femoral - gray top tube
- 004-002: Blood, femoral - gray top tube
- 004-003: Blood, femoral - gray top tube
- 004-004: Blood, femoral - gray top tube
- 004-005: Blood, femoral - red top tube
- 004-006: Vitreous - red top tube
- 004-007: Skeletal muscle - plastic tube

**Blood, postmortem**

**Acid/Neutral Screen (GC/MS)**  
negative (004-001)

**Alcohols/Acetone (GC)**  
negative (004-002)

**Alkaline Quantitation (GC, GC/MS)**  
negative (004-001)

**Opiate Narcotics (GC/MS)**  
0.107 mg/L morphine (004-002)

**Vitreous**

**Alcohols/Acetone (GC)**  
negative (004-006)

**Opiate Narcotics (GC/MS)**  
0.046 mg/L morphine (004-006)



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IFS-11-10161

McCollum, Larry Gene



Page 5 of 6

**FINDINGS:**

**1. Hyperthermia**

- a. History that the decedent was in a hot environment without air conditioning, and was witnessed to collapse with seizure activity.
- b. History that the decedent presented to the Emergency Department unresponsive, with a body temperature of 109.4 degrees Fahrenheit.
- c. Hospital course complicated by
  1. hypoxic-ischemic encephalopathy
  2. disseminated intravascular coagulation
  3. shock
  4. multi-system organ failure
- d. Brain swelling
  1. transtentorial herniation
  2. cerebellar tonsillar herniation and acute necrosis
  3. hypoxic-ischemic encephalopathy

**2. History of hypertension**

- a. Cardiac hypertrophy (heart weight = 550 grams)
- b. History of treatment with hydrochlorothiazide

**3. Morbid obesity (Body mass index = 49.5)**

**4. Contusions of scalp and face**

**5. Subgaleal hemorrhage**

**6. No significant injuries**

**CONCLUSIONS:**

Based on the autopsy and the history available to me, it is my opinion that Larry Gene McCollum, a 58-year-old white male, died as the result of hyperthermia. The decedent was in a hot environment without air conditioning, and he may have been further predisposed to developing hyperthermia due to morbid obesity and treatment with a diuretic (hydrochlorothiazide) for hypertension.

**MANNER OF DEATH:** Accident



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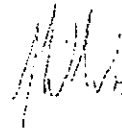


IFS-11-10161

McCollum, Larry Gene

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Page 6 of 6



10/26/2011

Keith Pinckard, M.D., Ph.D.

Medical Examiner



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## TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: McCollum Larry G. DOB: 4/04/53 AGE: 58  
 Last First MI  
 STATE ID# 3950494 RACE: W SEX: Male ☒ Female ☐  
 COUNTY/TDCJ# 34610 WT. 330 HT: 5'10

## II. CURRENT/CHRONIC HEALTH PROBLEMS

## A. Health Problems

- ☐ 1. None  
☐ 2. Asthma  
☐ 3. Pregnancy  
☐ 4. Dental Priority  
☐ 5. Diabetes  
☐ 6. Drug Abuse  
☐ 7. Alcoholism  
☐ 8. Orthopedic Problems  
☐ 9. Cardiovascular/Heart Trouble  
☐ 10. Suicidal  
☐ 11. Mental Retardation  
☐ 12. Mental Illness (Specify diagnosis) \_\_\_\_\_  
☐ 13. Recent Surgery  
☐ 14. Seizures  
☐ 15. Dialysis  
☒ 16. Hypertension  
☒ 17. CARE System Y/N

\*NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.

## III. SPECIAL NEEDS (Check all that apply)

## A. Housing Restrictions

- ☒ 1. None  
☐ 2. Skilled Nursing Facility  
☐ 3. Extended Care Facility  
☐ 4. Psychiatric Inpatient Facility  
☐ 5. Respiratory Isolation  
☐ 6. Other: \_\_\_\_\_

## B. Transportation

- ☒ 1. Routine  
☐ 2. Crutches/Cane  
☐ 3. Ambulance  
☐ 4. Wheelchair/Wheelchair Van  
☐ 5. Prosthesis: \_\_\_\_\_

## C. Pending Specialty Clinic Appointment

None ☒ Type: \_\_\_\_\_

D. ALLERGIES NKA

NKA \_\_\_\_\_

## B. Preventive Medicine

## 1. Tuberculosis Status

Skin Test: Date Given: 6/28/11 Date Read: 6/27/11 Results: + mm\*  
 X-Ray: Date: 1/1/11 Normal ☐ Abnormal ☒ Anti-TB Treatment? No ☐ Yes ☒  
 2. Hepatitis: A ☐ B ☐ C ☐ Other: \_\_\_\_\_  
 3. HIV Antibody: Test Date: 1/1/11 Results: Neg ☐ Pos ☐ CD4: \_\_\_\_\_ Date: 1/1/11  
 4. Syphilis: Date: 1/1/11 Type: \_\_\_\_\_ Treatment Completed: ☐ Yes ☐ No

\*NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.

C. Other Health Care Problems: none

## IV. CURRENT PRESCRIBED MEDICATIONS None \_\_\_\_\_

Medication	Dosage	Frequency
<u>Clonidine</u>	<u>0.1mg ÷ tab P.O</u>	<u>PRN BP</u>

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: Shelbi Smith PA DATE: 7/1/11

PHONE NUMBER: 254-767-2555 FACILITY: McLennan County Jail

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/18/2011 12:35:00

HUTCHINS (HJ)  
CID

LABORATORY DIRECTOR

## TB SKIN TEST

MRN : 1721640 Accession: 33015661 Age : 58 Years  
 Patient Name: MCCOLLUM, LARRY G Sex : Male  
 Home Phone : Work : ( ) -  
 Admitting MD: UNKNOWN UNKNOWN Phone:  
 Attending MD: UNKNOWN UNKNOWN Phone:  
 Referring MD: Phone:  
 Ordering MD : Phone:

Tech : VELVA L MCKINNEY L.V.N. Verifier: VELVA L MCKINNEY L.V.N.  
 Collection Time: 07/18/2011 12:35  
 Result Time : 08/01/2011 12:35  
 Report Time : 08/01/2011 12:35  
 Comment:

Test	Result	Abn	Normal Range	Units
MFG			-	
LOT #			-	
DOSE			-	
SITE			-	
ROUTE			-	
PPD READ	0 mm		-	
REFUS SIGN			-	

This document has been sent for signature, but has not yet been reviewed

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58

# Correctional Managed Care CID INTAKE INTERVIEW

Patient Name: McColum, LarryTDCJ #: 1721640

Date: 07/15/2011

Facility: HUTCHINS (HJ)

Vitals BP: \_\_\_\_\_ Wt: \_\_\_\_\_ Height: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ Temp: \_\_\_\_\_

Patient Language:	Name of interpreter, if required: NA
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<b>S:</b>	<b>CHIEF COMPLAINT:</b>				CID intake processing including pre-test HIV counseling
<b>O:</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>N/A</b>	Mark "Yes", "No" or "Refused" for the following:
	X				HIV - Patient verbally agrees to HIV testing per state law (If yes mark Plan line 1a, if no or refused obtain HSM-82 and mark Plan line 10)
	X				RPR - RPR test is required by state and policy/procedure #14 12 (if yes mark Plan line 1b, if no or refused obtain HSM-82)
		X			MMR - Born after 1958 - 1953
	X				MMR - Attended Texas Schools (If no mark Plan line 2, or obtain refusal HSM-82)(If pregnant, mark N/A)
		X			HBV - Allergic to yeast
		X			HBV - Hepatitis B vaccine available - If no skip next two lines
					HBV - Agrees to Hepatitis B vaccine (If yes mark Plan line 3, if no obtain "Refusal of HBV Vaccine" HSM-98)
					HBV - Consent for hepatitis B vaccine signed (form 100E) or refusal signed
		X			TB - History of positive TB skin test - written documentation (if no and less than 45 years of age mark Plan line 4, if yes or refused mark Plan line 5)
					TB - If yes - date _____ CPX _____ months (if CPX taken less than 6 months or currently taking CPX mark Plan line 6)
					TB - Patient 45 years of age or older and no documentation available to verify a previous positive Mantoux skin test (if yes, mark Plan line 11)
	X				Tetanus & Diphtheria - Verbally agrees to Tetanus and Diphtheria Toxoid Booster (mark Plan line 7 if yes, if no or refused obtain HSM-82)
	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		
	X				History of varicella (If yes mark Plan line 9 to add alert code 5290 to MPL/Problem list, if no mark MPL/Problem list for possibly susceptible)
					If female, is patient pregnant? If yes how many weeks (if yes or unknown mark Plan line 8)
<b>A:</b>					Alteration Health Maintenance

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**Correctional Managed Care  
CID INTAKE INTERVIEW**

<b>P:</b>	<b>PLAN:</b>
X	1a Obtain order for lab to draw HIV
X	1b Obtain order for lab to draw RPR
	2 Obtain order for MMR 0 5cc vaccine sub q
	3 Obtain order for Hepatitis B vaccine 20mcg/1ml – administer hep B vaccine at 0, 1 and 6 months if indicated per TDCJ policy
X	4 Obtain order for PPD 0 1cc ID (L) forearm and will check within 48-72 hours
	5 Obtain order for CXR single view
	6 Refer to provider to schedule for ITP/TB Chronic Clinic
X	7 Obtain order for Tetanus and Diphtheria Toxoid Booster 0 5cc vaccine IM
X	8 Refer to provider to schedule appointment
X	9 Add alert code 5290 to MPL/Problem List
X	10 Add alert code 1112 to MPL/Problem List (indicates HIV high risk screening completed)
X	11 Obtain order for two-step Mantoux skin test (PPD 0 1cc ID (L) forearm and will check within 48-72 hours. If the reaction is lesser than 10 mm of induration, the second step is administered one to two weeks later)
	<b>REFER TO PROVIDER:</b>
X	1a Order for lab to draw HIV
X	1b Order for lab to draw RPR
	2 Order for MMR 0 5cc vaccine sub q
	3 Order for Hepatitis B vaccine 20mcg/1ml – administer hep B vaccine at 0, 1 and 6 months if indicated per TDCJ policy
X	4 Order for PPD 0 1cc ID (L) forearm and will check within 48-72 hours
	5 Order for CXR single view
	6 Schedule appointment for ITP/TB Chronic Clinic
X	7 Order for Tetanus & Diphtheria Toxoid 0 5cc vaccine IM
X	8 Schedule appointment with provider
	9 Administer flu vaccine 0 5 CC IM x 1 if indicated per TDCJ policy
X	10 Order for two-step Mantoux skin test (PPD 0 1cc ID (L) forearm and will check within 48-72 hours. If thereaction is lesser than 10 mm of induration, the second step is administered one to two weeks later)

Nurse Signature: \_\_\_\_\_

V McRimney LVN

Date / Time: 07/15/2011 @ 0900

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# **CID ABSTRACT OF IMMUNIZATIONS** **Tuberculin Skin Tests**

Patient Name McCollum, Larry TDCJ # 1721641Date 07/15/2011 Facility HUTCHINS (HJ)

Vitals BP \_\_\_\_\_ Wt \_\_\_\_\_ Height \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_

Patient Language: \_\_\_\_\_ Name of interpreter, if required: NA

MANTOUX PPD				
DATE/TIME GIVEN	MFG/LOT #	LFA	RFA	ROUTE
07/15/2011	JHP PHARM 148613			Intradermally

IMMUNIZATIONS							
DATE/TIME GIVEN	MFG/ LOT #	DOSE	ROUTE	TYPE OF VACCINE	SITE	REACTION	SIGNATURE/ TITLE
07/15/2011	SANOFLI-PAST U3389AA	0.5 MI	IM	Td Booster	<input checked="" type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid	NARN	<i>VMcRiny LVN</i>
		0.5 mL	<input type="checkbox"/> Sub Q <input type="checkbox"/> IM	Pneumococcal Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid <input type="checkbox"/> Outer aspect of L or R upper arm		
		0.5 mL	IM	Influenza	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis A #1 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis A #2 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		0.5 mL	Sub Q	Meningococcal	<input type="checkbox"/> Outer aspect of L or R upper arm		
		0.5 mL	Sub Q	Varicella #1	<input type="checkbox"/> Outer aspect of L or R upper arm		
		0.5 mL	Sub Q	Varicella #2	<input type="checkbox"/> Outer aspect of L or R upper arm		
		1.0 mL	IM	Hepatitis B #1 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis B #2 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis B #3 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		0.5 mL	Sub Q	Measles/Mumps Rubella (MMR)	<input type="checkbox"/> Outer aspect of L or R upper arm		

Nurse Signature *VMcRiny LVN*Date / Time 07/15/2011 @0900HSM-2  
05/01/2009

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**aged Care**  
**CID CLINIC NOTE**  
**HIV PRE-TEST COUNSELING**

Patient Name McCollum, LarryTDCJ # 1721640Date 07/15/2011Facility HUTCHINS (HJ)

Vitals BP \_\_\_\_\_ Wt \_\_\_\_\_ Height \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_

Patient Language:			Name of interpreter, if required: NA
<b>S:</b>	<b>Chief Complaint:</b>	<input checked="" type="checkbox"/>	Patient offered HIV testing per policy 14 11
		<input checked="" type="checkbox"/>	Pre-release HIV test
		<input type="checkbox"/>	Patient requesting HIV test
		<input type="checkbox"/>	Patient reported history of previous positive HIV test
		<input type="checkbox"/>	Other (specify)
<b>O:</b>	<b>Yes</b>	<b>No</b>	Mark "Yes" or "No" for the following:
		<input checked="" type="checkbox"/>	Patient is symptomatic (list symptoms)
		<input checked="" type="checkbox"/>	The patient requests HIV testing and gave a history of the following risk factors
		<input checked="" type="checkbox"/>	Injected nonprescription drugs
		<input checked="" type="checkbox"/>	Unprotected sexual activity with multiple sex partners (male and/or female)
		<input checked="" type="checkbox"/>	Tattoo
		<input checked="" type="checkbox"/>	Patient received blood transfusions or blood products
		<input checked="" type="checkbox"/>	The patient's TB skin test was positive
		<input checked="" type="checkbox"/>	Exposed staff to blood or other potentially infectious body fluids
		<input checked="" type="checkbox"/>	Patient was potentially exposed to blood and/or body fluids
<b>A:</b>	<input checked="" type="checkbox"/>		Patient offered HIV testing per policy 14 11
	<input checked="" type="checkbox"/>		Knowledge deficit
<b>P:</b>	<input checked="" type="checkbox"/>		High risk
	<b>Yes</b>	<b>No</b>	Mark "Yes" or "No" for the following:
	<input checked="" type="checkbox"/>		HIV pre-test counseling and HIV antibody testing is offered
	<input checked="" type="checkbox"/>		Discuss HIV prevention recommendations
			1 Behave as if positive
			2 Abstinence from sex, drugs and tattooing
			3 Mutually monogamous relationships
	<input checked="" type="checkbox"/>		Review partner notification procedures should the patient test positive
	<input checked="" type="checkbox"/>		The patient gave their verbal consent for HIV antibody testing (If consent given, obtain provider order for HIV testing)
		<input checked="" type="checkbox"/>	The patient refused HIV antibody testing Obtain their signature on a Refusal of Treatment form (HSM-82)
<input checked="" type="checkbox"/>		Health teaching offered stressing the importance of plan of care compliance	
<input checked="" type="checkbox"/>		If potential exposure, report incident to Preventive Medicine department	
<input checked="" type="checkbox"/>		Patient verbalized level of understanding of the testing procedure, confidentiality and that they would not be rescheduled to receive negative test results, but only for positive or equivocal indeterminate results	

Nurse Signature. VMC RingerDate / Time 07/15/2011 @ 0900

05/01/2009



Scanned by HICKS, STEPHANIE K. CCA in facility HUTCHINS (HJ) on 07/20/2011 13:32

Name McCollum Lang CLINIC NOTES  
 TDCJ No Intake TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
 Unit: HUTCHINS STATE JAIL NKA INSTITUTIONAL DIVISION

Date &amp; Time

7-15-11  
 1230

S

Offenders received from:

NOTES

McClennan

With history of:

HTN

OA

See HSM-13 and Texas Health Status Updated for current orders from county

P

Current medication orders as per HJ providers.

V O T Orig, MD A Babbitt, PA-C / N. Beckstrom, NP

O/C Clonidine  
 Start Hct 2 25 of X IPO  
 9 AM X 300

Babbitt PA-C  
 Babbitt

Medication Pass issued to Offender YES/NO

view

7/15/11

Please sign each entry with status

HSM - 1 (rev 5/92)



Date: 07/22/2011 03:27  
From: GINA STOKES  
To: HUTCHINS NURSING STAFF(E); HUTCHINS ALL PROVIDERS(E);  
Subject:  
Re: LARRY MCCOLLUM

PATIENT: MCCOLLUM, LARRY      TDCJ #: 1721640      FACILITY:  
HUTCHINS (HJ)

HE WAS SENT OUT 911. HE WAS HAVING A SEIZURE ON TOP BUNK AND SECURITY COULD NOT  
GET HIM DOWN SAFELY. NO HISTORY SEEN OF SEIZURES.  
FOLLOW UP ON HIS RETURN. HE WAS SENT TO ER AT PARKLAND HOSPITAL.

THANKS,  
CRAIN TRIAGE

Scanned by HICKS, STEPHANIE K. CCA in facility HUTCHINS (HJ) on 07/20/2011 13:31

CORRECTIONAL MANAGED CARE  
INTAKE HISTORY AND HEALTH SCREENING

1721640

## I. IDENTIFICATION

NAME: McCallum, Jerry OCCUPATION: Driver EDUCATION: High School  
 DOB: 04/04/53 COUNTY: McLennan PREVIOUS TDCJ #(s): \_\_\_\_\_

## II. FAMILY HISTORY

1 Blood disease (sickle cell anemia, hemophilia)	YES	<del>NO</del>	18 INH Prophylaxis	YES	<del>NO</del>
2 Cancer	<del>YES</del>	NO	19 Intravenous Drug Abuse	YES	<del>NO</del>
3 Diabetes	<del>YES</del>	NO	20 Kidney Disease	YES	<del>NO</del>
4 Heart Disease	<del>YES</del>	NO	21 Liver Disease	YES	<del>NO</del>
5 High Blood Pressure	<del>YES</del>	NO	22 Mental Illness	<del>YES</del>	NO
6 Tuberculosis	YES	<del>NO</del>	23 Non Intravenous Drug Abuse/Alcoholism	YES	<del>NO</del>
III. PERSONAL HISTORY			24 Peptic Ulcers	YES	<del>NO</del>
11 D 1 Asthma/Emphysema	YES	<del>NO</del>	25 Rheumatic Fever	YES	<del>NO</del>
2 Back Injury	<del>YES</del>	NO	26 Rheumatism/Arthritis	<del>YES</del>	NO
3 Blood Disease (sickle cell anemia, hemophilia)	YES	<del>NO</del>	27 Seasonal Allergies	YES	<del>NO</del>
4 Cancer	YES	<del>NO</del>	28 Sexually Transmitted Diseases	YES	<del>NO</del>
5 Cavities	<del>YES</del>	NO	29 Smoker	YES	<del>NO</del>
6 Depression/Suicide Attempt	<del>YES</del>	NO	30 Tetanus Immunization Date	YES	<del>NO</del>
7 Diabetes	<del>YES</del>	NO	31 Tuberculosis	YES	<del>NO</del>
8 Drug/ Food Allergies	YES	<del>NO</del>	32 Unprotected Sex w/Multiple Partners	YES	<del>NO</del>
9 Epilepsy/Seizures	YES	<del>NO</del>	33 Other		
10 Glasses/Hearing Aid	<del>YES</del>	NO	IV. OBSTETRIC/GYNECOLOGIC AL HX <input checked="" type="checkbox"/> N/A		
11 Gum disease	<del>YES</del>	NO	1 Date of last menstrual period		
12 Head Injury	YES	<del>NO</del>	2 Number of pregnancies/live births		
13 Heart Disease/Angina	YES	<del>NO</del>	3 History of Problem pregnancy		
14 Hepatitis	YES	<del>NO</del>	4 Date of last pap smear		
15 High Blood Pressure	<del>YES</del>	NO	5 Date of last mammogram		
16 HIV + / AIDS	YES	<del>NO</del>	6 History of birth control methods (IUD, pills, etc)		
Prior HIV Test Date		NO			
17 Homosexual/Bisexual Activities		NO			
A. If YES to any of the above indicate family member or self, give date and treatment received					
<u>② Father, Brother</u>					
B. History of hospitalization? <del>YES</del> <input checked="" type="checkbox"/> NO <u>Hill Country Hospital</u>					
Please list the DATE, HOSPITAL, CONDITION					
C. Do you have any current medical, mental health or dental complaints? <del>YES</del> <input checked="" type="checkbox"/> NO					
If yes, what <u>tooth pull, depression</u>					
D. Have you experienced any of these symptoms cough, weakness, weight loss, fevers, night sweats, loss of appetite or lethargy?					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If YES, when?					
E. What illegal drugs have you used? <u>no</u>					
What was the mode(s) of use? (Please circle) Smoking Injection Inhaled Ingested					
What amount and how often did you use drugs and alcohol?					
When was the last time you used drugs or alcohol?					
Have you ever had withdrawal or seizures when you stopped using drugs or alcohol? YES NO					
F. Are you presently taking or supposed to be taking any prescribed medications? <del>YES</del> <input checked="" type="checkbox"/> NO					
If YES, what <u>See Med Sheet</u>					

HSM-13 (6/06)

Scanned by HICKS, STEPHANIE K. CCA in facility HUTCHINS (HJ) on 07/20/2011 13:32

CORRECTIONAL MANAGED CARE  
INTAKE HISTORY AND HEALTH SCREENING

Reason for taking medications									
G	Observations	Tremor	YES	<del>NO</del>	Sweating	YES	<del>NO</del>	Other	
	Condition of skin	Cuts	YES	<del>NO</del>	Bruises	YES	<del>NO</del>		
		Sores	YES	<del>NO</del>	Other				
	Body & Movement	Deformities	YES	<del>NO</del>	Impaired Motor Activity	YES	<del>NO</del>		
		Other							
H BEHAVIOR AND MENTAL STATUS									
Hygiene & Appearance		<input checked="" type="checkbox"/> Clean, neat		Dirty, sloppy		Other			
Orientation (ask questions and document response)									
		What is today's date?	7/15/11						
		What time is it?	Morning						
		What place is this?	Hutchins						
Speech		<input checked="" type="checkbox"/> Normal		Loud		Soft		Mumbling	
Attitude		<input checked="" type="checkbox"/> Appropriate		Laughing		Crying		Cursing	
						Quiet		Other	
I THOUGHT CONTENT (Please circle YES or NO)									
		Are you having current thoughts about suicide or self-injury?	YES	<del>NO</del>					
		Do you see or hear things that others do not see or hear?	YES	<del>NO</del>					
		Do you have any special powers abilities?	YES	<del>NO</del>					
		Do you receive personal messages from the TV or radio?	YES	<del>NO</del>					
		Do you have any phobias or excessive fears?	YES	<del>NO</del>					
J. DISPOSITION									
Routine referral to		<input checked="" type="checkbox"/> Medical		<input checked="" type="checkbox"/> Mental Health		<input checked="" type="checkbox"/> Dental		<input checked="" type="checkbox"/> CID	
Immediate referral to		<input checked="" type="checkbox"/> Medical		<input checked="" type="checkbox"/> Mental Health		<input checked="" type="checkbox"/> Dental		<input checked="" type="checkbox"/> CID	
Release to general population		YES		NO		Other			
Offender Signature		Larry McCallister				Date		7-15-11	
Reviewer Signature		D. Woodward				Date		7/15/11	

Approved by  
7/18/11

HSM-13 (6/06)

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Lab Data Imported From and Tests Performed By:

LabCorp 1-800-292-4021

Patient Name : MCCOLLUM, LARRY G  
 Patient Id : 1721640  
 Patient Phone :  
 Date of Birth : 04/04/1953  
 SS# : 000-00-3517 Sex : Male

Ordering  
 Physician : ORIG, TITO  
 Facility : HUTCHINS (HJ)  
 1500 E. LANGDON RD  
 HUTCHINS TX 75241

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 32858464 Requisition: 32858464  
 Drawn: 07/20/11 08:42 Received: 07/20/11 23:40 Reported: 07/21/11 08:43

Procedure: CBC With Differential/Platelet

WBC	13.1	H	x10E3/uL	4.0-10.5
RBC	4.63		x10E6/uL	4.10-5.60
Hemoglobin	14.8		g/dL	12.5-17.0
Hematocrit	43.4		%	36.0-50.0
MCV	94		fL	80-98
MCH	32.0		pg	27.0-34.0
MCHC	34.1		g/dL	32.0-36.0
RDW	15.2	H	%	11.7-15.0
Platelets	204		x10E3/uL	140-415
Neutrophils	60		%	40-74
Lymphs	32		%	14-46
Monocytes	8		%	4-13
Eos	0		%	0-7
Basos	0		%	0-3
Immature Cells				
Neutrophils (Absolute)	7.7		x10E3/uL	1.8-7.8
Lymphs (Absolute)	4.3		x10E3/uL	0.7-4.5
Monocytes (Absolute)	1.1	H	x10E3/uL	0.1-1.0
Eos (Absolute)	0.0		x10E3/uL	0.0-0.4
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2
Immature Granulocytes	0		%	0-2
**Please note reference interval change**				
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1

NRBC  
 Hematology Comments:

Procedure: Comp. Metabolic Panel (14)

Glucose, Serum	130	H	mg/dL	65-99
BUN	31	H	mg/dL	6-24
Creatinine, Serum	1.67	H	mg/dL	0.76-1.27
eGFR If NonAfricn Am	44	L	mL/min/1.73 m2	>59
eGFR If Africn Am	51	L	mL/min/1.73 m2	>59

Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease.

Print Date: 07/21/2011 07:53

Page: 1/4

Data Imported From and Tests Performed By:  
 LabCorp 1-800-292-4021

Patient Name : MCCOLLUM, LARRY G  
 Patient Id : 1721640  
 Patient Phone :  
 Date of Birth : 04/04/1953  
 SS# : 000-00-3517 Sex : Male

Ordering

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Physician : ORIG, TITO  
 Facility : HUTCHINS (HJ)  
 1500 E. LANGDON RD  
 HUTCHINS TX 75241

Test Name	Result	ABN Flag	Unit	Reference Range
Calculated using CKD-EPI formula.				
BUN/Creatinine Ratio	19			9-20
Sodium, Serum	133	L	mmol/L	135-145
Potassium, Serum	3.5		mmol/L	3.5-5.2
Chloride, Serum	91	L	mmol/L	97-108
Carbon Dioxide, Total	18	L	mmol/L	20-32
**Verified by repeat analysis**				
Calcium, Serum	8.8		mg/dL	8.7-10.2
Protein, Total, Serum	7.8		g/dL	6.0-8.5
Albumin, Serum	4.0		g/dL	3.5-5.5
Globulin, Total	3.8		g/dL	1.5-4.5
A/G Ratio	1.1			1.1-2.5
Bilirubin, Total	0.8		mg/dL	0.0-1.2
Alkaline Phosphatase, S	56		IU/L	25-150
AST (SGOT)	34		IU/L	0-40
ALT (SGPT)	21		IU/L	0-55

## Procedure: Urinalysis, Complete

Specific Gravity	1.028			1.005-1.030
pH	5.5			5.0-7.5
Urine-Color	Yellow			Yellow
Appearance	Cloudy	A		Clear
WBC Esterase	1+	A		Negative
Protein	1+	A		Negative/Trace
Glucose	Negative			Negative
Glucose Reflex				
Ketones	Trace	A		Negative
Occult Blood	Negative			Negative
Bilirubin	Negative			Negative
Urobilinogen, Semi-Qn	0.2		mg/dL	0.0-1.9
Nitrite, Urine	Negative			Negative
Microscopic Examination	See below:			

## Procedure: Microscopic Examination

WBC	>30	A	/hpf	0 - 5
RBC	0-3		/hpf	0 - 3
Epithelial Cells (non renal)	0-10		/hpf	0 - 10
Epithelial Cells (renal)				
Casts	Present	A	/lpf	None seen
Cast Type	Hyaline casts			N/A

Print Date: 07/21/2011 07:53

Page: 2/4

Data Imported From and Tests Performed By:

LabCorp 1-800-292-4021

Patient Name : MCCOLLUM, LARRY G  
 Patient Id : 1721640  
 Patient Phone :  
 Date of Birth : 04/04/1953  
 SS# : 000-00-3517 Sex : Male

Ordering  
 Physician : ORIG, TITO  
 Facility : HUTCHINS (HJ)  
 1500 E. LANGDON RD  
 HUTCHINS TX 75241

Test Name	Result	ABN Flag	Unit	Reference Range
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Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

## Crystals

## Crystal Type

Mucus Threads	Present	Not Estab.
Bacteria	Few	None seen/Few
Yeast		
Trichomonas		
Comment		

Procedure: Urinalysis, Complete  
Microscopic Examination

## Procedure: Lipid Panel

Cholesterol, Total	157		mg/dL	100-199
Triglycerides	195	H	mg/dL	0-149
HDL Cholesterol	16	L	mg/dL	>39

According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.

VLDL Cholesterol Calc	39		mg/dL	5-40
LDL Cholesterol Calc	102	H	mg/dL	0-99

## Procedure: Panel 083824

HIV 1/0/2 Abs-Index Value	<1.00	<1.00
Index Value: Specimen reactivity relative to the negative cutoff.		
HIV 1/0/2 Abs, Qual	Non Reactive	Non Reactive

## Procedure: Hgb Alc with eAG Estimation

Hemoglobin Alc	6.2	H	%	4.8-5.6
Increased risk for diabetes:				5.7 - 6.4
Diabetes:				>6.4
Glycemic control for adults with diabetes:				<7.0
Estim. Avg Glu (eAG)	131		mg/dL	

## Procedure: TSH

TSH	2.860		uIU/mL	0.450-4.500
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## Procedure: RPR

RPR	Non Reactive	Non Reactive
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L Low, H High, C Critical, \* Abnormal Alpha

Print Date: 07/21/2011 07:53

Page: 3/4

Data Imported From and Tests Performed By:

LabCorp 1-800-292-4021

Patient Name : MCCOLLUM, LARRY G

Patient Id : 1721640

Patient Phone :

Date of Birth : 04/04/1953

SS# : 000-00-3517 Sex : Male

## Ordering

Physician : ORIG, TITO

Facility : HUTCHINS (HJ)  
1500 E. LANGDON RD  
HUTCHINS TX 75241

Test Name	Result	ABN Flag	Unit	Reference Range
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Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Print Date: 07/21/2011 07:53  
Electronically Signed by ORIG, TITO M. M.D. on 08/03/2011.  
##And No Others##

Page: 4/4

Scanned by GUZMAN, SANDRA in facility HUTCHINS (HJ) on 07/21/2011 14:00

DATE INTERVIEWED: 7-18-11SCREENER'S INITIALS: SKB

7-15

### TDCJ OFFENDER INTAKE PROCESSING PSYCHOLOGICAL SCREENING INTERVIEW

NAME: Mc Collum, Larry Gene TDCJ #: 1721640  
 DOB: 4-4-53 AGE: 58 GENDER: ☒ MALE ☐ FEMALE  
 PLACE OF BIRTH: Enid, OK RACE: ☒ CAUCASIAN  
 PRIOR TDCJ #: 110 5534 ☐ AFRICAN AMERICAN  
 PRIOR TDCJ INCARCERATIONS: ☒ YES ☐ NO ☐ HISPANIC  
 PRIOR ASSIGNMENT TO CTC: ☐ YES ☐ NO ☐ OTHER: \_\_\_\_\_  
 PRIOR ASSIGNMENT TO DDP: ☐ YES ☐ NO  
 ON PSYCH. SERVICES CASELOAD: ☐ YES ☐ NO

CURRENT OFFENSE: Forgery (1) (12 mos.)

## SPECIAL CONSIDERATIONS FOR INTERVIEWS:

- ☒ NONE  
☐ SPANISH-SPEAKING ONLY  
☐ HEARING/VISUAL IMPAIRED  
☐ WHEEL-CHAIR/OTHER SIGNIFICANT MOBILITY PROBLEM  
☐ SECURITY RISK: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## OTHER GENERAL COMMENTS:

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YES NO

1. HOW ARE YOU FEELING? Rough. Adjusting.
- ☒ ☐ 2. HAVE YOU EVER HAD ANY KIND OF MENTAL, EMOTIONAL, OR NERVE PROBLEMS?  
DID YOU GET ANY TYPE OF COUNSELING? yes  
FROM WHOM? (IF APPLICABLE) \_\_\_\_\_  
WHAT WAS IT FOR? \_\_\_\_\_  
WHEN WAS IT? \_\_\_\_\_  
WHERE WAS IT? Buster Cole - transferred to Skyview #4 below
- ☒ ☐ 3. HAVE YOU EVER TAKEN MEDICINE(S) PRESCRIBED FOR YOUR:  
☐ NERVES ☐ MENTAL PROBLEMS ☐ EMOTIONAL PROBLEMS?  
SPECIFY THE MEDICATION: Zoloft, etc.  
WHEN DID YOU TAKE THIS MEDICATION? 2009  
BY WHOM WAS IT PRESCRIBED? ☐ PSYCHIATRIST  
☐ PHYSICIAN  
☐ OTHER: thinks nothing needed  
CURRENT PSYCHOTROPIC MEDICATION: 0
- ☒ ☐ 4. HAVE YOU EVER BEEN A PATIENT IN A MENTAL HOSPITAL?  
WHY? Depression - loss of family members  
WHEN? \_\_\_\_\_  
WHERE? Skyview - 2002-04  
WAS IT: ☐ COURT COMMITMENT OR ☐ VOLUNTARY?
- ☐ ☒ 5. HAS ANY MEMBER OF YOUR FAMILY EVER HAD MENTAL OR EMOTIONAL PROBLEMS?  
WHAT TYPE? \_\_\_\_\_
- ☐ ☒ 6. HAVE YOU EVER HAD A HEAD INJURY OR SEIZURE?  
SPECIFY: \_\_\_\_\_
- ☐ ☒ 7. HAVE YOU EVER TRIED TO HURT YOURSELF OR COMMIT SUICIDE?  
HOW MANY TIMES? \_\_\_\_\_  
HOW? ☐ CUT ARM / WRIST ☐ HANGING  
☐ OD'ed ON \_\_\_\_\_ ☐ OTHER \_\_\_\_\_  
WHEN? \_\_\_\_\_  
WHY? \_\_\_\_\_  
WAS MEDICAL ATTENTION REQUIRED? ☐ YES ☐ NO
- ☐ ☒ 8. HAVE YOU EVER HURT YOURSELF ON PURPOSE WHEN YOU WERE NOT TRYING TO COMMIT SUICIDE?  
HOW? \_\_\_\_\_
- ☐ ☒ 9. ARE YOU THINKING ABOUT HURTING OR KILLING YOURSELF NOW?
- ☐ ☒ 10. DO YOU HEAR THINGS THAT OTHER PEOPLE DO NOT HEAR?  
SPECIFY: \_\_\_\_\_

Scanned by GUZMAN, SANDRA in facility HUTCHINS (HJ) on 07/21/2011 14:00

YES NO

- ☐ ☒ 11. DO YOU SEE THINGS THAT OTHER PEOPLE DO NOT SEE?

SPECIFY: \_\_\_\_\_

- ☐ ☒ 12. DO YOU BELIEVE THAT YOU HAVE ANY SPECIAL GIFTS OR SUPER POWERS THAT OTHERS DO NOT HAVE?

WHAT KIND? \_\_\_\_\_

13. WHAT KIND OF DRUGS DID YOU EXPERIMENT WITH OR USE ON A REGULAR BASIS?

<input type="checkbox"/> NONE	<input type="checkbox"/> BARBITURATES	<input type="checkbox"/> METHAMPHETAMINE (SPEED)
<input type="checkbox"/> HEROIN	<input type="checkbox"/> ACID	<input type="checkbox"/> INHALANTS
<input type="checkbox"/> COCAINE	<input type="checkbox"/> HASH	<input checked="" type="checkbox"/> ALCOHOL <i>quit 10 yrs. ago</i>
<input type="checkbox"/> MARIJUANA	<input type="checkbox"/> PCP	<input type="checkbox"/> OTHER _____

14. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? GRADE \_\_\_\_\_

WHERE ☒ USA☐ MEXICO☐ OTHER: \_\_\_\_\_

DO YOU HAVE A.

☒ HIGH SCHOOL DIPLOMA ☐ GED

- ☒ ☐ 15. WHILE IN SCHOOL, WERE YOU EVER IN SPECIAL CLASSES?

WHY? *D. E. Worked 1/2 day*WHAT GRADE(S)? *12*

- ☐ ☒ 16. WERE YOU EVER PLACED IN A JUVENILE DETENTION CENTER, BOY'S HOME OR OTHER GROUP HOME?

WHY? \_\_\_\_\_

- ☐ ☒ 17. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE COMMONLY CONSIDERED TO BE IN THE CATEGORY OF SEXUAL OFFENSES?

IF YES, SPECIFY: \_\_\_\_\_

- ☐ ☒ 18. HAVE YOU EVER, WITH LITTLE OR NO PROVOCATION, EXPERIENCED LOSS OF CONTROL OF YOURSELF THAT RESULTED IN SERIOUS ASSAULT TO SOMEONE OR DESTRUCTION OF PROPERTY?

- ☐ ☒ 19. HAVE YOU EVER BEEN A VICTIM OF CRIMINAL VIOLENCE? IF YES, SPECIFY:

\_\_\_\_\_

\_\_\_\_\_

Scanned by GUZMAN, SANDRA in facility HUTCHINS (HJ) on 07/21/2011 14:00

**BEHAVIORAL OBSERVATIONS**

**APPEARANCE:** ☒ UNREMARKABLE ☐ DISHEVELED ☐ ODD  
**HYGIENE:** ☒ *ND* ☐ FAIR ☒ POOR *B.O.*  
**INTERACTION:** ☒ COOPERATIVE ☐ LIMITED ☐ UNCOOPERATIVE  
**MOTOR BEHAVIOR:** ☒ WITHIN NORMAL LIMITS ☐ RESTLESS ☐ DID NOT MOVE  
☐ \_\_\_\_\_  
**SPEECH:** ☐ CLEAR ☐ MUMBLES ☐ SPEECH IMPEDIMENT  
**RATE:** ☒ SPONTANEOUS ☐ FAST ☐ \_\_\_\_\_  
**MOOD:** ☐ WITHIN NORMAL LIMITS ☒ SAD *Heavy-argued* ☐ IRRITABLE  
☐ UNUSUALLY HAPPY ☒ ANXIOUS ☐ FRIGHTENED  
☐ SILLY ☐ \_\_\_\_\_  
**ALERTNESS:** ☒ ALERT ☐ CONFUSED ☐ DAZED ☐ DISTRACTED

▼ **This section must be completed by a Qualified Mental Health Professional** ▼DISPOSITION – REFERRED FOR FURTHER EVALUATION ☒ YES ☐ NO

## REASON FOR REFERRAL:

- ☐ DISPLAYED SYMPTOMS OF PSYCHIATRIC ILLNESS  
☒ HISTORY OF MENTAL HEALTH TREATMENT  
☐ CURRENT SUICIDAL IDEATION  
☐ PRIOR SUICIDAL GESTURE(S)  
☐ DISPLAYED UNUSUAL BEHAVIOR  
☐ AFFECTIVE DISTRESS NOTED  
☐ UNUSUAL NATURE OF OFFENSE  
☐ HIGH RISK FOR ADJUSTMENT PROBLEMS  
☐ OTHER: \_\_\_\_\_

MENTAL HEALTH APPRAISAL COMPLETED BY:

J. Smith, MA  
 Mental Health Clinician

PRINTED NAME

SIGNATURE

DATE

CORRECTIONAL MANAGED CARE  
CLINIC NOTES - NURSING

Patient Name: MCCOLLUM, LARRY G TDCJ#: 1721640 Date: 07/22/2011 03:16 Facility: HUTCHINS (HJ)

Age: 58 year Race: W Sex: male

Most recent vitals from 11/13/2003: BP: 112 / 87 (Standing) ; Wt: 192 Lbs.; Height: ; Pulse: 107 (Standing) ; Resp: 18 / min; Temp: 97 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: Name of interpreter, if required:

## Current Medications:

SCR INITIATED?		YES	Date Received:
	X	NO	

## Nursing Triage Form

Name of Security Officer Calling LT SANDERS

Presenting Problems/Symptoms HE IS ON THE TOP BUNK HAVING A SEIZURE THAT HAS LASTED FOR 5 MINUTES. SECURITY CAN NOT GET HIM OFF THE TOP BUNK. THEY ARE STANDING UP AGAINST THE TOP BUNK TO KEEP HIM FROM FALLING. THEY CALLED 911. HE HAS NO HISTORY OF SEIZURE DISORDER. HIS CELL MATE SAYS HE IS DIABETIC. NO HX OF THIS SEEN IN CHART.

NO MEDICAL ON THE UNIT

Protocol used: (List protocol name, and page number):

1. SEIZURE PG 471

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. Other \_\_\_\_\_

Problem: X Emergent                      Urgent                      Non-Urgent  
(Immediately) (2 hrs) (Pass Issued / Fill out Sick Call Request)

Circle/Mark "X" Correct Information

## Telephone Triage

X 1. Instructions given to security officer to call 911 and transport offender patient to nearest local community hospital ED.           2. Instructions given to security officer to transport the offender patient to the designated HUB for a full assessment and further care. (applicable only if the facility is within a designated HUB area)           3. Instructed the Security officer to issue a pass to the offender patient to come to medical the next day.           4. Other as ordered by a provider: \_\_\_\_\_           5. Instructions given to security officer to place offender patient in front of the DMS equipment in medical for assessment / interview.Additional Comments UR NOTIFIED. CONTACT ANN. PRECERT NO 776845

**CORRECTIONAL MANAGED CARE  
CLINIC NOTES - NURSING**

**Patient Name:** MCCOLLUM, LARRY G **TDCJ#:** 1721640 **Date:** 07/22/2011 03:16 **Facility:**  
HUTCHINS (HJ)  
PARKLAND HOSPITAL WAS CONTACTED. REPORT GIVEN TO VIRGINIA. I CALLED BACK  
TO HUTCHINS TO MAKE SURE HE WAS OK. THEY SAID THE AMBULANCE WAS THERE  
AND THEY WERE TAKING CARE OF HIM.

\_\_\_\_\_  
\_\_\_\_\_

Revision 07/18/10  
(Telephone Triage Revision 08/19/10, COPY AND PASTE into patient's EMR)

Electronically Signed by STOKES, GINA E. R.N. on 07/22/2011.  
##And No Others##

Scanned by GUZMAN, SANDRA in facility HUTCHINS (HJ) on 07/25/2011 09:45  
SG01728 / HJ01/H506TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION09:09:17  
07/20/2011NAME: MCCOLLUM, LARRY GENE  
IDCU#: 01721640 SID#: 03950494  
UNIT: HJ HOUSING: C7-046T  
JOB: TRANSIENT PEND DIAG PROCESSINGDOB: 04/04/1953  
WGT: 330 LBS  
HGT: 5'10"

P U L S E S

1	1	1	1	1	1
A	A	A	A	A	A
					H

## I. FACILITY ASSIGNMENT (CHECK ONE)

- X A. NO RESTRICTION  
 — B. BARRIER-FREE FACILITY  
 — C. SINGLE LEVEL FACILITY  
 — D. SUITABLE FOR TRUSTEE CAMP? X YES \_\_\_ NO

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- X 1. NO RESTRICTION  
 — 2. SINGLE CELL ONLY  
 — 3. SPECIAL HOUSING (HOUSING WITH  
 LIKE MEDICAL CONDITION  
 4. CELL BLOCK ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION  
 — 2. GROUND FLOOR ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION  
 — 2. LOWER ONLY

## D. WHEELCHAIR USE (CHECK ONE)

- 1. NO RESTRICTION  
 — 2. PHOP ORDERED  
 — 3. UTILITY USE

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- |                                 |   |
|---------------------------------|---|
| — 1. MEDICALLY UNASSIGNED       | — 15. NO FOOD SERVICE                         |
| — 2. PSYCHIATRICAL UNASSIGNED   | — 16. NO REPETITIVE USE OF HANDS              |
| — 3. SEDENTARY WORK ONLY        | — 17. NO WALK WET/UNEVEN SURFACES             |
| — 4. FOUR HOUR WORK RESTRICTION | — 18. DO NOT ASSIGN TO MEDICAL                |
| — 6. EXCUSE FROM SCHOOL         | — 19. NO WORK IN DIRECT SUNLIGHT              |
| — 7. LIMITED STANDING           | — 20. NO TEMPERATURE EXTREMES                 |
| — 8. NO WALKING > ___ YARDS     | — 21. NO HUMIDITY EXTREMES                    |
| — 9. NO LIFTING > ___ LBS.      | — 22. NO EXPOSURE TO ENVIRONMENT POLLUTANTS   |
| — 10. NO BENDING AT WAIST       | — 23. NO WORK WITH CHEMICALS OR IRRITANTS     |
| — 11. NO REPETITIVE SQUATTING   | — 24. NO WORK REQUIRING SAFETY BOOTS          |
| — 12. NO CLIMBING               | — 25. NO WORK AROUND MACHINE WITH MOVING PART |
| — 13. LIMITED SITTING           | — 26. NO WORK EXPOSURE TO LOUD NOISES         |
| — 14. NO REACHING OVER SHOULDER |   |

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- X A. NO RESTRICTIONS  
 — B. CONSULT REP OF MENTAL HEALTH DEPT BEFORE TAKING DISCIPLINARY ACTION  
 — C. CONSULT REP OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- X A. NO RESTRICTION  
 — B. MEDICAL REPRESENTATIVE REQUIRED  
 — C. MENTAL HEALTH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

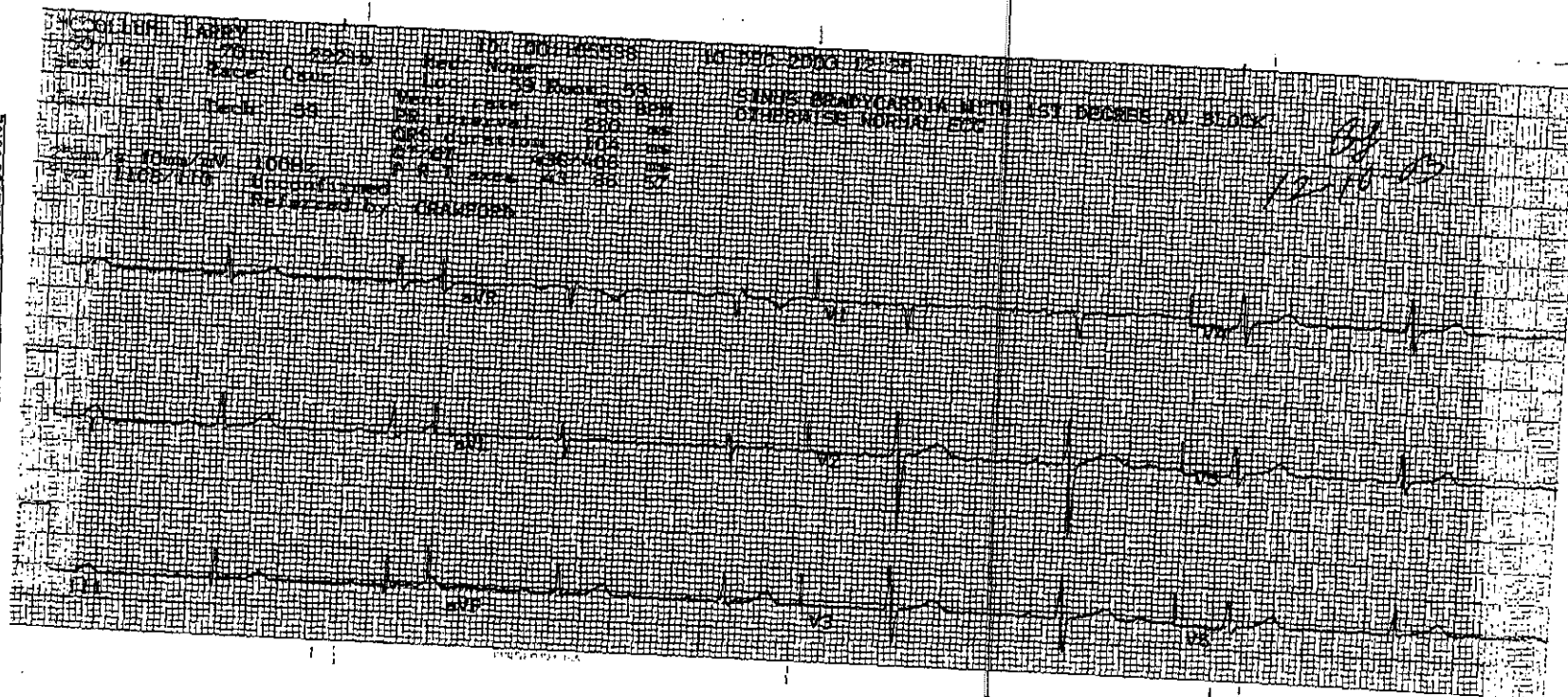
- X A. NO RESTRICTION  
 — B. EMS AMBULANCE  
 — C. WHEELCHAIR VAN  
 — D. MULTI-PATIENT VEHICLE (MEV)

REDDY/SMITH MD/MHC 07/20/2011  
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER



NAME: LAST McCollum FIRST Larry  
 TDCJ#: 1105538  
 UNIT: SV ✓ HD         
 DATE ORDERED: 12-3-03  
 AGE: 50  
 SEX: m  
 HEIGHT (In Inches): 70  
 WEIGHT: 222  
 RACE: C  
 DOCTOR: Crawford  
 TECH ID#: 59 0



**UTMB MANAGED CARE  
CID NEWLY ASSIGNED PATIENT CHART REVIEW**

**Patient Name:** MCCOLLUM, LARRY G    **TDCJ#:** 1105538    **Date:** 01/12/2004 09:55    **Facility:** COLE

**Vital Signs:** 112 / 87 (Standing) 107 (Standing) 97 (Oral) 192 Lbs.18 / min

**Current Medications:**

BENZTROPINE MESYLATE 2MG TABS, 1 TABS ORAL(po) QHS

*Special Instructions:* EQUI=COGENTIN. NON-KOP D/C BENADRYL.

DIPHENHYDRAMINE HCL 25MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* EQUI=BENADRYL

PROZAC 20MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY

**Allergies:** NO KNOWN ALLERGIES

0		Current TB Class		
PPD current: (If no mark Plan line 1)	X	Yes	Currently on TB CPX or TB Therapy: (If yes mark Plan line 11,12,13)	
		No		
		N/A		
		Yes	X	No
		INH (Isoniazid)		
		RIF (Rifampin)		
		PZA (Pyrazinamide)		
		(EMB) Ethambutol		
		B6		
		Other:		
Length of Prior CPX (If CPX is less 6 months, mark Plan line 14)				
Last CXR date (If Class 2,3, or 4 and no CXR in TDCJ during current incarceration mark Plan line 2)				
Last Tetanus/due date (If greater than 10 years, mark Plan line 3)				
Date of last flu vaccine		X	Not Applicable (Refer to Policy B-14.3)	
Date of last pneumonia vaccine		X	Not Applicable (Refer to Policy B-14.3)	
Positive Hepatitis B hx/vaccination: (If no, mark Plan line 4A)		X	Yes	
			No	
			Refused	
If currently receiving the HBV vaccination, next due: (If receiving mark Plan line 4B)				
Varicella history documented in chart: (If no, mark Plan line 8)		X	Yes	
			No	
Last PE offered:	07/2002	Due: (If yes mark Plan line 5; refer to policy E 34.2)	Yes	
		X	No	
RPR: (If no mark Plan line 9)	X	Yes	RPR result:	
		No		
		Refused		
		X	Reactive	
		X	Non-Reactive	
Previous HIV testing: (If not tested, mark Plan line 10)		X	Yes	
			No	
			Refused	
<b>FEMALE ONLY</b>				
Pap/pelvic current: (If no, mark Plan line 6A; refer policy E34.2)		Yes	Mammogram referral needed: (If yes, mark Plan line 6B; refer to Policy E 34.2)	
		No		
	X	Not Applicable		
			Yes	
			No	
			X	
			Not Applicable	
<b>PREGNANT FEMALE</b>				
HCV status: (If none mark Plan line 7A)				



**UTMB MANAGED CARE  
CID NEWLY ASSIGNED PATIENT CHART REVIEW**

**Patient Name:** MCCOLLUM, LARRY G    **TDCJ#:** 1105538    **Date:** 01/12/2004 09:55    **Facility:** COLE

	HbsAG status: (If none, mark Plan line 7B)
--	---

PLAN:	
1.	Obtain order for PPD 0.1 ml ID
2	Obtain order for single view CXR
3.	Obtain order for Td 0.5ml IM
4A.	Offer Hepatitis B vaccines
4B.	Continue with Hepatitis B vaccine
5.	Schedule physical exam
6A.	Schedule Pap/pelvic
6B.	Schedule patient to provider for mammogram referral
7A.	Obtain order for HCV
7B.	Obtain order for HbsAG
8.	Interview for varicella history
9.	Obtain order for RPR
10.	Offer HIV testing
11.	Obtain order to continue medication regime
12.	Schedule monthly CID appointment
13.	Schedule initial ITP with provider
14.	Refer chart to provider for review and disposition

Verbal Order/
---------------

Revised 04/03/03  
EMR

Electronically Signed by HUTCHINSON, VICTOR A L.V.N. on 01/12/2004.  
##And No Others##

**UTMB MANAGED CARE  
CID NEWLY ASSIGNED PATIENT CHART REVIEW**

**Patient Name:** MCCOLLUM, LARRY G    **TDCJ#:** 1105538    **Date:** 12/15/2003 13:14    **Facility:** SKYVIEW

**Vital Signs:** 112 / 87 (Standing) 107 (Standing) 97 (Oral) 192 Lbs.18 / min

**Current Medications:**

BENZTROPINE MESYLATE 2MG TABS, 1 TABS ORAL(po) QHS

*Special Instructions:* EQUI=COGENTIN. NON-KOP D/C BENADRYL.

DIPHENHYDRAMINE HCL 25MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* EQUI=BENADRYL

PROZAC 20MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY

**Allergies:** NO KNOWN ALLERGIES

<b>Current TB Class</b>						
PPD current: (If no mark Plan line 1)	X	Yes	Currently on TB CPX or TB Therapy: (If yes mark Plan line 11, 12, 13)	Yes	X	No
				INH (Isoniazid)		
				RIF (Rifampin)		
				PZA (Pyrazinamide)		
				(EMB) Ethambutol		
		N/A		B6		
				Other:		
<b>NA</b>	Length of Prior CPX (If CPX is less 6 months, mark Plan line 14)					
<b>NONE</b>	Last CXR date (If Class 2,3, or 4 and no CXR in TDCJ during current incarceration mark Plan line 2)					
<b>NONE</b>	Last Tetanus/due date (If greater than 10 years, mark Plan line 3)					
<b>NONE</b>	Date of last flu vaccine				Not Applicable (Refer to Policy B-14.3)	
<b>NONE</b>	Date of last pneumonia vaccine				Not Applicable (Refer to Policy B-14.3)	
Positive Hepatitis B hx/vaccination: (If no, mark Plan line 4A)				X	Yes	
					No	
					Refused	
If currently receiving the HBV vaccination, next due: (If receiving mark Plan line 4B)						
Varicella history documented in chart: (If no, mark Plan line 8)				X	Yes	
					No	
Last PE offered:	7/2/02	Due: (If yes mark Plan line 5; refer to policy E 34.2)		Yes		
			X	No		
RPR: (If no mark Plan line 9)	X	Yes	RPR result:		Reactive	
		No			Non-Reactive	
		Refused		X		
Previous HIV testing: (If not tested, mark Plan line 10)				X	Yes	
					No	
					Refused	
<b>FEMALE ONLY</b>						
Pap/pelvic current: (If no, mark Plan line 6A; refer policy E34.2)		Yes	Mammogram referral needed: (If yes, mark Plan line 6B; refer to Policy E 34.2)		Yes	
		No			No	
		Not Applicable			Not Applicable	
<b>PREGNANT FEMALE</b>						
HCV status: (If none mark Plan line 7A)						

**UTMB MANAGED CARE  
CID NEWLY ASSIGNED PATIENT CHART REVIEW**

**Patient Name:** MCCOLLUM, LARRY G    **TDCJ#:** 1105538    **Date:** 12/15/2003 13:14    **Facility:** SKYVIEW

HbsAG status:

(If none, mark Plan line 7B)

<b>PLAN:</b>	
	1. Obtain order for PPD 0.1 ml ID
	2. Obtain order for single view CXR
X	3. Obtain order for Td 0.5ml IM
	4A. Offer Hepatitis B vaccines
	4B. Continue with Hepatitis B vaccine
	5. Schedule physical exam
	6A. Schedule Pap/pelvic
	6B. Schedule patient to provider for mammogram referral
	7A. Obtain order for HCV
	7B. Obtain order for HbsAG
X	8. Interview for varicella history
	9. Obtain order for RPR
	10. Offer HIV testing
	11. Obtain order to continue medication regime
	12. Schedule monthly CID appointment
	13. Schedule initial ITP with provider
	14. Refer chart to provider for review and disposition

Verbal Order/ JOE D CRAWFORD

Revised 04/03/03

EMR

Electronically Signed by ANGLIN, EARLINE L.V.N. on 12/15/2003.

##And No Others##

Scanned by SEYMORE, BECKY in facility SKYVIEW on 12/05/2003 12:00

3

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES****SKYVIEW PSYCHIATRIC FACILITY  
PSYCHIATRIC EVALUATION****OFFENDER NAME: McCOLLUM, LARRY GENE****TDCJ#: 1105538****IDENTIFYING DATA:****DOB: 04-04-53****DATE OF ADMISSION: 12-01-03****AGE/RACE: 50 y/o White male.****EXAMINER: B. Meharry, MSN, RN, CS, PMH-NP.****DATE OF EXAMINATION: 12-03-03/1400.****REASON FOR ADMISSION:**

The patient was referred here from the Cole Unit by Mr. Dorsett, LBSW secondary to, "Patient was waiting on ride to go to Daddy's funeral, decreased hygiene, and disorientation." He was referred from Skyview Crisis Management into D&E with an AXIS I Diagnosis of R/O Dementia of the Alzheimer's Type, Uncomplicated, and on the following psychoactive medication: Fluoxetine 20 mg. p.o. q. h.s., Cogentin 2 mg. p.o. q. h.s., and Benadryl 25 mg. p.o. q. h.s. The patient was advised of the purpose of this examination, the limits of confidentiality, and informed consent. He verbalized understanding and agreed to participate.

**CHIEF COMPLAINTS:**

"I was getting confused about a few things, like, I didn't know what date it was."

**PAST PERTINENT PSYCHIATRIC HISTORY:**

The patient did not begin receiving any freeworld psychiatric treatment until 2001, when he first encountered his legal difficulties. He was treated with Zoloft for symptoms of depression at the MHMR center in Waco, Texas. There is no freeworld history of suicidal attempts/gestures, self-injurious behaviors, or anger-management problems. His substance abuse history included the use of alcohol, methamphetamines, and cocaine. With no known history of treatment for his substance abuse. There is no known familial history of mental illness or chemical dependency. There is no history of a juvenile record. While at the McClendon County Jail awaiting transfer to TDCJ-ID, he was diagnosed with Depression and was treated with Zoloft 100 mg. p.o. q. am.

~~This is the first incarceration for this patient who was received at TDCJ-ID on 07-01-02, where he is serving a 20-month sentence for Theft, Over \$1500. Upon receipt to the prison system, he told the Responsible Psychologist that he had been having difficulty coping with the death of his brother, who died five years ago and the death of his father, who died April of 2003. He became depressed and spent \$12,000. on various items and gambling. This led to his arrest and conviction. He also acknowledged that he had a problems with gambling, sex, and alcohol. He stated that his drinking escalated in 1983, following a divorce. He admits to three arrests for DWI. Although he has never been to Rehab, he relates that he entered a "Detox" center for 10 days in 1987. He also relates that he had some "minor" involvement with Alcoholic Anonymous. At the time, he also reported that he considered himself to be very co-dependent, expressed concern about his welfare upon release from prison as he has no place to live, was worried about the future, and had problems keeping his mind off things that depress him. Although he denied any current suicidal ideations or intent, he admitted that he sometimes believed that he had no real purpose for living. He often felt hopeless and lacked motivation, reported fluctuating appetite, erratic sleep pattern and a recent 30 lbs weight loss. There was no evidence of psychotic symptoms. On 07-02-02, he was seen by the attending psychiatrist where he received an AXIS I Diagnosis of Major Depressive Disorder, Recurrent. He was placed on Zoloft 100 mg. p.o. q. am. A few months later it was noted that he was doing well on Zoloft and wanted to continue his medication regimen. He was 100 percent compliant. He also related that he was experiencing feeling "jumpy". On 12-11-02, he was seen by another psychiatrist, where he reported not only a history of depression, but problems with anxiety. His AXIS I Diagnosis remained Major Depression. He was switched to Nortriptyline 25 mg. p.o. q. h.s. Several days later, he complained of still experiencing "jumpy legs" at bedtime. His Nortriptyline was increased to 50 mg. p.o. q. h.s. On 01-08-03, he complained that he was unable to sleep. His Nortriptyline was increased to 75 mg. p.o.~~

Page 1 of 3

**SCANNED**

Scanned by SEYMORE, BECKY in facility SKYVIEW on 12/05/2003 12:00

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES****SKYVIEW PSYCHIATRIC FACILITY  
PSYCHIATRIC EVALUATION****OFFENDER NAME: McCOLLUM, LARRY GENE****TDCJ#: 1105538**

q. h.s. Shortly thereafter, he was referred to Skyview Crisis Management secondary to, threatening suicide. He was discharged back to his unit of assignment, with no change in his diagnosis or medication regimen. He continued to complain of feeling depressed, so his Nortriptyline was increased to 100 mg. p.o. q. h.s. On 04-15-03, he presented as decompensating. He was easily irritated and exhibited poor hygiene and disorganized thoughts. He continued to complain of feeling anxious. He was diagnosed with Anxiety Disorder, NOS and Depressive Disorder, Due To Alcohol and Drugs. He was placed on Haldol 10 mg. p.o. b.i.d., Benadryl 25 mg. p.o. b.i.d., and Prozac 20 mg. p.o. q. am.

More recently, on 09-17-03, he was seen by yet another attending psychiatrist, where he received an AXIS I Diagnosis of Major Depression With Psychotic Features. He continued on the same medication regimen of: Haldol 5 mg. p.o. q. h.s., Benadryl 25 mg. p.o. q. h.s., and Prozac 20 mg. p.o. q. h.s. On 11-24-03, he was seen by the MHS at cellside. He seemed disoriented, was difficult to understand, and related that he was waiting for a ride to go to his Dad's funeral. He was disheveled and exhibited poor hygiene. After consulting with Dr. Reddy, it was determined that he should be referred to Skyview Crisis Management for evaluation and determination of his treatment needs. Upon receipt to the Skyview Unit, he told the admitting RN that he was feeling depressed because a male voice was telling him to hurt himself or others. Objectively, he was observed to be alert, spontaneous, and although he was oriented in general, he was unaware that the day before had been the holiday (Thanksgiving). He seemed "somewhat" confused. Currently, he reports difficulty sleeping, but appetite is "good." He described his mood as "good." He denied any current suicidal ideations or intent. He voiced no complaints regarding side effects from his current medication regimen, but he did complain of difficulty sleeping, blurred vision, and difficulty starting to urinate.

**PERTINENT MEDICAL HISTORY:**

The patient has a history of chronic lower back pain. He has no known drug allergies. There is no known past history of head trauma, loss of consciousness, seizures, blackouts, or chronic headaches.

**PERTINENT PHYSICAL FINDINGS:**

**VITAL SIGNS:** TEMP: 98; PULSE: 130; RESP: 20; BP: 184/88.

**HT:** 70 in. **WT:** 218 lbs.

**LABORATORY INDICES/X-RAYS/OTHER PERTINENT DIAGNOSTIC STUDIES:**

~~CHEM 12 of 07-08-02 showed decreased glucose and elevated uric acid, decreased albumin; liver function test of 07-08-02 was within normal limits; lipid panel of 07-08-02 showed increased triglycerides, decreased HDL cholesterol and increased VLDL cholesterol; CBC with differential and platelet count of 07-08-02 showed decreased RBCs; TSH of 07-08-02 was within normal limits; T4 of 07-08-02 was decreased; T3 of 07-08-02 was within normal limits; FREE thyroxin index of 07-08-02 was decreased; PSA of 07-08-02 was within normal limits; Helicobacter pylori, IgG of 07-08-02 was positive; HIV-1-ABS of 07-02-02 was nonreactive; RPR of 07-02-02 was nonreactive.~~

There are no chest x-rays. X-ray of lumbar spine of 12-16-02 was within normal limits; x-ray of right knee of 12-16-02 showed some arthritic changes; x-ray of left knee of 12-16-02 showed minimal early articular marginal spurring; EKG of 07-02-03 showed normal sinus rhythm and was considered a normal EKG.

**GENERAL DESCRIPTION:** Well-developed, well-nourished, overweight, White male in no obvious acute physical distress. A complete physical examination was not performed at this time, due to the locked down status of the facility. A cursory visual examination revealed the following:

**HEENT:** EYES: no nystagmus; NOSE: no drainage.

**SKIN:** Nonicteric. Appears to be grossly intact.

**EXTREMITIES:** No cyanosis, clubbing or edema.

**NEUROLOGICAL EXAMINATION:** Cranial nerves II through XII appear to be grossly intact. **SENSORY:** grossly intact. **MOTOR:** good ROM in all extremities. **CEREBELLAR:** Steady gait with no ataxia. **AIMS:** negative.

**ASSESSMENT:** Possible Abnormal Laboratory Indices, Abnormal Cardiac Panel, and Elevated Systolic Pressure.



Scanned by SEYMORE, BECKY in facility SKYVIEW on 12/05/2003 12:00

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICESSKYVIEW PSYCHIATRIC FACILITY  
PSYCHIATRIC EVALUATION

OFFENDER NAME: McCOLLUM, LARRY GENE

TDCJ#: 1105538

## MENTAL STATUS EXAMINATION:

The patient was seen at cellside, due to the locked down status of the facility. He was dressed in a prison attire and was unshaven, but adequately clean. He appeared older than his stated age. He was alert, made good eye contact, and was cooperative. Psychomotor activity was calm. Speech was spontaneous, rate was within normal limits. Mood was appropriate to the situation. Affect was congruent with mood, range was reactive. No hallucinations were elicited at this time. Thought content was negative for suicidal or homicidal ideations or intent. He expressed no delusions and unusual thinking. Thought processes were coherent, logical, and goal-directed. Patient is grossly oriented X4. His remote and recent memory is grossly intact. His attention and concentration is intact. His intelligence is estimated to be in the average range. Insight and judgement are good.

## SUMMARY OF FINDINGS:

This patient presents with no prior psychiatric history, until he encountered his legal difficulties and went through the stressors of losing some family members. There is also a history of excessive alcohol use. Currently, there are no abnormalities in cognition, thought content, thought processes, nor evidence of hallucinations. There is no major mood disturbance. I believe that his sleep disturbance is most likely due to the schedule that he is receiving Prozac. It may be too activating for him to receive it at night. Although he has no history of hypertension, his cardiac panel was significantly abnormal and there is a familial history of hypertension and diabetes. Given this patient's age and family history, it is possible that he may have experienced a transient ischemia attack (TIA). This would certainly need to be ruled out. At this time, I see no evidence of suicidal ideations or intent, nor is there a recent past history to indicate that he would be at high risk for engaging in self-injurious behaviors.

## DSM-IV DIAGNOSIS:

AXIS: I: 311. Depressive Disorder, NOS.  
293.9 R/O Mental Disorder, NOS, Due to Possible Cardiovascular Problems.  
AXIS II: Deferred.  
AXIS III: Chronic Low-Back Pain; R/O Cardiovascular Problems. NKDA.  
AXIS IV: Problems related to interaction with the legal system: incarceration.  
Problems due to primary support group: recent death of a family member.  
AXIS V: GAF: 55.

## RECOMMENDATIONS/INTERVENTIONS:

Prozac 20 mg. p.o. q. am and Trazodone 100 mg. p.o. q. pm X14 days, then D/C. Discontinue Cogentin and Benadryl. Educated patient regarding side effects, risks, and possible benefits with the use of Prozac and Trazodone. Patient consents and agrees with the treatment plan. I believe that this patient could benefit from the programming in the Mood Disorder Treatment Track to help him learn some coping skills, in order to better plan his future.

PROGNOSIS: Uncertain at this time.

## SIGNATURE/DATE:

*B. Meaharry* MSN, RN, CS/PMH-NP 12-5-03  
B. Meaharry, MSN, RN, CS/PMH-NP/Date 0745  
Transcribed: 12-04-03/12/mlr

Date: 12/02/2003 16:51  
From: LAURA MCKINNON  
To: JON DORSETT T(E);  
Subject: Admission to D&E  
Re: LARRY MCCOLLUM

Mr. Dorsett,  
We have evaluated offender McCollum and found that he is in need of further evaluation. We have admitted him to the D&E process and he will remain here for several more days for an in depth evaluation.  
Thanks,  
Laura

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
Huntsville, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
Patient Id : 1105538  
Patient Phone :  
Date of Birth : 04/04/1953  
SS# : -- Sex : Male

Ordering  
Physician : \*OROCOFISKY, VASANTHA  
Facility : SKYVIEW  
3 MILES NW OF RUSK  
RUSK TX 75785

Test Name	Result	ABN Flag	Unit	Reference Range
-----------	--------	-------------	------	-----------------

Accession: 0000335301370 Requisition: 26889469  
Drawn: 12/19/03 04:55 Received: 12/19/03 09:51 Reported: 12/19/03 13:12

Procedure: E TSH  
THYROID STIMULATING HORMONE 2.35 uIU/ML 0.49-4.70  
A VARIETY OF PHARMACOLOGICAL INTERFERENCES INFLUENCE SERUM TSH.

L Low, H High, C Critical, \* Abnormal Alpha



Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Print Date: 12/19/2003 13:00

Page: 1/1

This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
Huntsville, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
Patient Id : 1105538  
Patient Phone :  
Date of Birth : 04/04/1953  
SS# : -- Sex : Male

Ordering  
Physician : \*OROCOFISKY, VASANTHA  
Facility : SKYVIEW  
3 MILES NW OF RUSK  
RUSK TX 75785

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0000335301370 Requisition: 26889464  
Drawn: 12/19/03 04:55 Received: 12/19/03 09:51 Reported: 12/19/03 12:28

Procedure: E ADIFF				
GRANULOCYTE PERCENT	53.4		%	45.0-78.0
LYMPH PERCENT	37.8		%	20.0-51.0
MONOCYTE PERCENT	6.4		%	4.0-12.0
EOSINOPHIL PERCENT	1.9		%	0.0-6.0
BASOPHIL PERCENT	0.5		%	0.0-2.0
GRANULOCYTES ABSOLUTE	4.6		/CMM	2.1-7.4
LYMPHOCYTE ABSOLUTE	3.2		/CMM	1.3-4.4
MONOCYTE ABSOLUTE	0.6		/CMM	0.2-0.9
EOSINOPHILS ABSOLUTE	0.2		/CMM	0.0-0.4
BASOPHILS ABSOLUTE	0.0		/CMM	0.0-0.2

L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Print Date: 12/19/2003 12:16 Page: 1/1  
This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
 Huntsville, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
 Patient Id : 1105538  
 Patient Phone :  
 Date of Birth : 04/04/1953  
 SS# : -- Sex : Male

Ordering  
 Physician : \*OROCOFISKY, VASANTHA  
 Facility : SKYVIEW  
 3 MILES NW OF RUSK  
 RUSK TX 75785

Test Name	Result	ABN Unit Flag	Reference Range
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Accession: 0000335301370 Requisition: 26889465  
 Drawn: 12/19/03 04:55 Received: 12/19/03 09:51 Reported: 12/19/03 15:31

Procedure: E UA CHEM

COLOR	YELLOW		
APPEARANCE	SLCLOUDY	*	
URINE SPECIFIC GRAVITY	1.025		
URINE PH	6.5		5.5-7.0
URINE PROTEIN	NEGATIVE		NEGATIVE
URINE GLUCOSE, QUALITATIVE	NEGATIVE		NEGATIVE
URINE KETONES	NEGATIVE		NEGATIVE
URINE BILIRUBIN	NEGATIVE		NEGATIVE
URINE BLOOD	NEGATIVE		NEGATIVE
URINE NITRITE	NEGATIVE		NEGATIVE
URINE UROBILINOGEN	0.2EU/DL		<=1.0
URINE LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE

L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Print Date: 12/19/2003 15:18

Page: 1/1

This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
 Wadsworth, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
 Patient Id : 1105538  
 Patient Phone :  
 Date of Birth : 04/04/1953  
 SS# : -- Sex : Male

Ordering  
 Physician : \*OROCOFKY, VASANTHA  
 Facility : SKYVIEW  
 3 MILES NW OF RUSK  
 RUSK TX 75785

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0000335301370 Requisition: 26889468  
 Drawn: 12/19/03 04:55 Received: 12/19/03 09:51 Reported: 12/19/03 12:31

Procedure: E LIVER

ALKALINE PHOSPHATASE	94		U/L	34-122
ASPARTATE AMINOTRANSFERASE	15		U/L	13-40
ALANINE AMINOTRANSFERASE	22		U/L	9-51
GAMMA GLUTAMYL TRANSFERASE	16		U/L	13-58
LACTIC DEHYDROGENASE	336		U/L	300-600
TOTAL BILIRUBIN	0.6		MG/DL	0.1-1.1
TOTAL PROTEIN	7.5		G/DL	6.0-8.0
ALBUMIN	3.9		G/DL	3.2-5.2
ALBUMIN/GLOBULIN RATIO	1.1	L		1.5-2.5

L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Print Date: 12/19/2003 12:19 Page: 1/1  
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Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
 untsville, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
 Patient Id : 1105538  
 Patient Phone :  
 Date of Birth : 04/04/1953  
 SS# : -- Sex : Male

Ordering  
 Physician : \*OROCOFKY, VASANTHA  
 Facility : SKYVIEW  
 3 MILES NW OF RUSK  
 RUSK TX 75785

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0000335301370 Requisition: 26889463  
 Drawn: 12/19/03 04:55 Received: 12/19/03 09:51 Reported: 12/19/03 12:28

Procedure: E HEME P				
WHITE BLOOD CELL COUNT/INSTR	8.6		/CMM	
WHITE BLOOD CELL COUNT	8.6		/CMM	4.5-10.5
RED BLOOD CELL COUNT	4.51		/CMM	4.25-5.65
HEMOGLOBIN	14.9		G/DL	13.5-17.0
HEMATOCRIT	43.7		%	37.0-50.0
MEAN CORPUSCULAR VOLUME	96.9		FL	82.0-97.0
MEAN CORPUSCULAR HGB	33.0		PG	27.0-33.0
MEAN CORP HGB CONCENTRATION	34.1		%	31.0-36.2
RED CELL DISTRIBUTION WIDTH	14.8	H	%	11.8-14.1
PLATELET COUNT	194		/CMM	150-400
MEAN PLATELET VOLUME	12.0	H	FL	7.8-11.2

L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Print Date: 12/19/2003 12:16

Page: 1/1

This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
Huntsville, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
Patient Id : 1105538  
Patient Phone :  
Date of Birth : 04/04/1953  
SS# : -- Sex : Male

Ordering  
Physician : \*ORCOFSKY, VASANTHA  
Facility : SKYVIEW  
3 MILES NW OF RUSK  
RUSK TX 75785

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0000335301370 Requisition: 26889466  
Drawn: 12/19/03 04:55 Received: 12/19/03 09:51 Reported: 12/19/03 15:31

Procedure: E UA MICRO  
MICROSCOPIC EXAM DONE? DONE  
URINE WHITE BLOOD CELLS 1-4 \*  
MUCOUS MANY

L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Print Date: 12/19/2003 15:19

Page: 1/1

This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
 untsville, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
 Patient Id : 1105538  
 Patient Phone :  
 Date of Birth : 04/04/1953  
 SS# : -- Sex : Male

Ordering  
 Physician : \*OROCOFISKY, VASANTHA  
 Facility : SKYVIEW  
 3 MILES NW OF RUSK  
 RUSK TX 75785

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0000335301370 Requisition: 26889467  
 Drawn: 12/19/03 04:55 Received: 12/19/03 09:51 Reported: 12/19/03 12:31

Procedure: E CHEM10				
SODIUM SERUM	144		MMOL/L	135-145
POTASSIUM SERUM	4.0		MMOL/L	3.5-5.0
CHLORIDE SERUM	107		MMOL/L	98-108
CARBON DIOXIDE	29		MMOL/L	23-31
ANION GAP	8			2-16
GLUCOSE	85		MG/DL	70-110
BLOOD UREA NITROGEN	19		MG/DL	7-23
OSMOLALITY	288		MOSM/L	
CREATININE	0.74		MG/DL	0.70-1.70
BUN/CREATININE RATIO	25.7			
CALCIUM	9.6		MG/DL	8.6-10.6
PHOSPHORUS	3.9		MG/DL	2.5-5.0
MAGNESIUM	1.8		MG/DL	1.7-2.4

L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 12/19/2003 04:55:00

Print Date: 12/19/2003 12:19

Page: 1/1

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Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Lab data imported from and Tests Performed by UTMB Laboratories  
Galveston, Tx 77555-0743 Telephone Number 800-LAB-2266

Patient Name : MCCOLLUM, LARRY,  
Patient Id : 1105538  
Patient Phone :  
Date of Birth : 04/04/1953  
SS# : -- Sex : Male

Ordering  
Physician : \*MEHARRY  
Facility : COLE  
3801 SILO ROAD  
BONHAM TX 75418

Test Name	Result	ABN Unit	Reference Range
		Flag	

Accession: 0000334204009 Requisition: 26809323  
Drawn: 12/08/03 05:45 Received: 12/08/03 23:46 Reported: 12/09/03 09:17

Procedure: VITB12			
VITAMIN B12	379	PG/ML	180-914

L Low, H High, C Critical, \* Abnormal Alpha



Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Print Date: 12/09/2003 09:05

Page: 1/1

This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
 untsville, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
 Patient Id : 1105538  
 Patient Phone :  
 Date of Birth : 04/04/1953  
 SS# : -- Sex : Male

Ordering  
 Physician : \*MEHARRY  
 Facility : COLE  
 3801 SILO ROAD  
 BONHAM TX 75418

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0000334200756 Requisition: 26801300  
 Drawn: 12/08/03 05:45 Received: 12/08/03 09:23 Reported: 12/08/03 12:50

Procedure: E CHEM10

SODIUM SERUM	144		MMOL/L	135-145
POTASSIUM SERUM	4.1		MMOL/L	3.5-5.0
CHLORIDE SERUM	109	H	MMOL/L	98-108
CARBON DIOXIDE	28		MMOL/L	23-31
ANION GAP	7			2-16
GLUCOSE	81		MG/DL	70-110
BLOOD UREA NITROGEN	18		MG/DL	7-23
OSMOLALITY	288		MOSM/L	
CREATININE	0.70		MG/DL	0.70-1.70
BUN/CREATININE RATIO	25.7			
CALCIUM	9.3		MG/DL	8.6-10.6
PHOSPHORUS	3.5		MG/DL	2.5-5.0
MAGNESIUM	1.8		MG/DL	1.7-2.4

L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Print Date: 12/08/2003 12:56

Page: 1/1

This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
 Winterville, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
 Patient Id : 1105538  
 Patient Phone :  
 Date of Birth : 04/04/1953  
 SS# : -- Sex : Male

Ordering  
 Physician : \*MEHARRY  
 Facility : COLE  
 3801 SILO ROAD  
 BONHAM TX 75418

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0000334200756 Requisition: 26801299  
 Drawn: 12/08/03 05:45 Received: 12/08/03 09:23 Reported: 12/08/03 12:12

Procedure: E ADIFF				
GRANULOCYTE PERCENT	50.3		%	45.0-78.0
LYMPH PERCENT	42.4		%	20.0-51.0
MONOCYTE PERCENT	5.3		%	4.0-12.0
EOSINOPHIL PERCENT	1.7		%	0.0-6.0
BASOPHIL PERCENT	0.3		%	0.0-2.0
GRANULOCYTES ABSOLUTE	3.3		/CMM	2.1-7.4
LYMPHOCYTE ABSOLUTE	2.8		/CMM	1.3-4.4
MONOCYTE ABSOLUTE	0.4		/CMM	0.2-0.9
EOSINOPHILS ABSOLUTE	0.1		/CMM	0.0-0.4
BASOPHILS ABSOLUTE	0.0		/CMM	0.0-0.2

L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Print Date: 12/08/2003 12:18

Page: 1/1

This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
 Huntsville, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
 Patient Id : 1105538  
 Patient Phone :  
 Date of Birth : 04/04/1953  
 SS# : -- Sex : Male

Ordering  
 Physician : \*MEHARRY  
 Facility : COLE  
 3801 SILO ROAD  
 BONHAM TX 75418

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0000334200756 Requisition: 26801301  
 Drawn: 12/08/03 05:45 Received: 12/08/03 09:23 Reported: 12/08/03 12:50

Procedure: E LIVER				
ALKALINE PHOSPHATASE	73		U/L	34-122
ASPARTATE AMINOTRANSFERASE	15		U/L	13-40
ALANINE AMINOTRANSFERASE	16		U/L	9-51
GAMMA GLUTAMYL TRANSFERASE	14		U/L	13-58
LACTIC DEHYDROGENASE	329		U/L	300-600
TOTAL BILIRUBIN	0.4		MG/DL	0.1-1.1
TOTAL PROTEIN	6.9		G/DL	6.0-8.0
ALBUMIN	3.5		G/DL	3.2-5.2
ALBUMIN/GLOBULIN RATIO	1.0	L		1.5-2.5

L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Print Date: 12/08/2003 12:56

Page: 1/1

This document has been sent for signature, but has not yet been reviewed



Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Lab data imported from and Tests Performed by UTMB Laboratories  
Galveston, Tx 77555-0743 Telephone Number 800-LAB-2266

Patient Name : MCCOLLUM, LARRY,  
Patient Id : 1105538  
Patient Phone :  
Date of Birth : 04/04/1953  
SS# : -- Sex : Male

Ordering  
Physician : \*MEHARRY  
Facility : COLE  
3801 SILO ROAD  
BONHAM TX 75418

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0000334204009 Requisition: 26809321  
Drawn: 12/08/03 05:45 Received: 12/08/03 23:46 Reported: 12/09/03 09:17

Procedure: FOL SER FOLATE SERUM	12.6	H	NG/ML	1.6-12.0
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L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Print Date: 12/09/2003 09:05 Page: 1/1  
This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
untsville, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
Patient Id : 1105538  
Patient Phone :  
Date of Birth : 04/04/1953  
SS# : -- Sex : Male

Ordering  
Physician : \*MEHARRY  
Facility : COLE  
3801 SILO ROAD  
BONHAM TX 75418

Test Name	Result	ABN Unit Flag	Reference Range
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Accession: 0000334200756 Requisition: 26801303  
Drawn: 12/08/03 05:45 Received: 12/08/03 09:23 Reported: 12/08/03 14:31

Procedure: E TSH  
THYROID STIMULATING HORMONE 1.09 uIU/ML 0.49-4.70  
A VARIETY OF PHARMACOLOGICAL INTERFERENCES INFLUENCE SERUM TSH.

L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Print Date: 12/08/2003 14:20 Page: 1/1  
This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
ntsville, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
Patient Id : 1105538  
Patient Phone :  
Date of Birth : 04/04/1953  
SS# : -- Sex : Male

Ordering  
Physician : \*MEHARRY  
Facility : COLE  
3801 SILO ROAD  
BONHAM TX 75418

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0000334200756 Requisition: 26801302  
Drawn: 12/08/03 05:45 Received: 12/08/03 09:23 Reported: 12/08/03 12:50

Procedure: E URIC				
URIC ACID	5.2		MG/DL	3.6-8.0

L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Print Date: 12/08/2003 12:56

Page: 1/1

This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Lab data imported from UTMB - Galveston; Performed by UTMB/TDCJ - Regional Medical Facility Lab  
 intsville, TX 77340 - Telephone Number (936) 291-6896 Ext: 3804

Patient Name : MCCOLLUM, LARRY,  
 Patient Id : 1105538  
 Patient Phone :  
 Date of Birth : 04/04/1953  
 SS# : -- Sex : Male

Ordering  
 Physician : \*MEHARRY  
 Facility : COLE  
 3801 SILO ROAD  
 BONHAM TX 75418

Test Name	Result	ABN Flag	Unit	Reference Range
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Accession: 0000334200756 Requisition: 26801298  
 Drawn: 12/08/03 05:45 Received: 12/08/03 09:23 Reported: 12/08/03 12:12

Procedure: E HEME P				
WHITE BLOOD CELL COUNT/INSTR	6.6		/CMM	
WHITE BLOOD CELL COUNT	6.6		/CMM	4.5-10.5
RED BLOOD CELL COUNT	4.25		/CMM	4.25-5.65
HEMOGLOBIN	13.9		G/DL	13.5-17.0
HEMATOCRIT	41.1		%	37.0-50.0
MEAN CORPUSCULAR VOLUME	96.7		FL	82.0-97.0
MEAN CORPUSCULAR HGB	32.7		PG	27.0-33.0
MEAN CORP HGB CONCENTRATION	33.8		%	31.0-36.2
RED CELL DISTRIBUTION WIDTH	14.7	H	%	11.8-14.1
PLATELET COUNT	167		/CMM	150-400
MEAN PLATELET VOLUME	11.6	H	FL	7.8-11.2

L Low, H High, C Critical, \* Abnormal Alpha

Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 12/08/2003 05:45:00

Print Date: 12/08/2003 12:18

Page: 1/1

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Scanned by DIXON, STACEY A in facility SKYVIEW on 01/07/2004 09:52

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES**

**PSYCHIATRIC INPATIENT FACILITY  
DISCHARGE/RELEASE SUMMARY**

- I. Identifying Data
- II. Date & Reason for Admission
- III. Clinical Course
- IV. Residual Problems
- V. Final Diagnosis
- VI. Recommendations
- VII. Dated signature of Discharging Psychiatrist and Psychologist

OFFENDER NAME: MC COLLUM, LARRY GENE

TDCJ #: 1105538

UNIT: SKYVIEW

DISCHARGE DATE: 01/06/04

PULHES: S=3NT

**IDENTIFYING DATA:**

DOB: 04/04/53

Age/Race/Sex: Fifty-year-old Caucasian Male

Skyview Admission Date: 12/01/03

Current Date: 01/06/04

Examiner: Charles Junkin, MA, LPC, RP

**DATE & REASON FOR REFERRAL:**

Offender Mc Collum was referred to Skyview from the Cole Unit on December 1, 2003 secondary to "Patient was waiting on ride to go to Daddy's funeral, decreased hygiene, and disorientation." He was referred from crisis management into Diagnostic & Evaluation (D&E) with an Axis I Diagnosis of R/O Dementia of the Alzheimer's Type, Uncomplicated and on the following psychoactive medications: Fluoxetine 20mg PO QHS, Cogentin 2mg PO QHS, and Benadryl 25mg PO QHS. At the time of admission, his chief complaint was "I was getting confused about a few things, like, I didn't know what date it was."

**CLINICAL COURSE:**

Offender Mc Collum was admitted to the Mood Disorder Treatment Track on December 10, 2003 with an Axis I Diagnosis of Depressive Disorder, NOS (311) and R/O Mental Disorder, NOS, Due to Possible Cardiovascular Problems. Upon admission to the treatment track, he was taking Prozac 20mg PO QAM and Trazodone 100mg QPM. During the course of his treatment at Skyview, Offender Mc Collum attended individual and group psychotherapy and was followed closely by the treatment team. He presented with significant depressive symptoms, including suicidal ideation, anhedonia, poor concentration, and a sense of hopelessness. For the first couple of weeks in group psychotherapy, the offender was very quiet, but attentive. He had a restricted affect and a depressed mood. When he was seen by the treatment team on December 18, 2003, he was diagnosed with Major Depressive Disorder with Psychotic Features (Psychotic Features in Remission). Because he is scheduled to be released from TDCJ-ID in the near future, he was seen again by the treatment team on December 19, 2003 to determine if he is appropriate for court commitment to a state hospital upon release from TDCJ-ID. The treatment team reviewed his situation, which consists of his father dying in April 2003, his mother is in a nursing home with Alzheimer's Related Illness, he has been confused and depressed. He is a chronic alcoholic. He has few resources in the community, and he has a large debt waiting for him when he gets out of prison. He has a family in the

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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES****PSYCHIATRIC INPATIENT FACILITY  
DISCHARGE/RELEASE SUMMARY**

- I. Identifying Data
- II. Date & Reason for Admission
- III. Clinical Course
- IV. Residual Problems
- V. Final Diagnosis
- VI. Recommendations
- VII. Dated signature of Discharging Psychiatrist and Psychologist

OFFENDER NAME: MC COLLUM, LARRY GENE

TDCJ #: 1105538

UNIT: SKYVIEW

DISCHARGE DATE: 01/06/04

PULHES: S=3NT

Waco area, but he has had little contact with them during his incarceration. He had not spoken with his brother or sister-in-law for more than six months. He has a significant history of prostate cancer in the family. The results of that treatment team meeting were to recommend Offender Mc Collum to be committed to the state hospital when released from TDCJ-ID. He was seen by a second psychiatrist on December 30, 2003. The second psychiatrist found no compelling reason to commit the offender to a state hospital at this time. He met with yet another psychiatrist on January 2, 2004. At that time, he was also found inappropriate for commitment to a state hospital. Meanwhile, the offender continued to participate in group therapy and seemed to respond somewhat to the Prozac. He was withdrawn and quiet but appropriate in group settings. Prozac was increased from 20mg to 40mg QAM on January 2, 2004. His mood has been described as "more cheerful" and he "appeared less internally preoccupied." On January 6, 2004, he was found appropriate for discharge to his unit of assignment with 40mg of Prozac QD.

**MENTAL STATUS:**

Offender Mc Collum is a 50-year-old, Caucasian male whose overall presentation is significantly older than his stated age. He presents with psychomotor retardation. His responses to some of the questions are vague. He relates well with the interviewer. At times he looks away. His affect is blunted. His mood is depressed. There is no evidence of auditory hallucinations at this time. He denies any suicidal thoughts or wanting to hurt others. He did admit that he felt that life was not worth living in the past. He was alert and oriented to time, place, and person. He was unable to do Serial 7's. He was able to do three digits forward and in reverse order. He as able to do four digits forward but not in reverse order. He could recall approximately 2/3 objects for recent recall.

**RESIDUAL PROBLEMS:**

Offender Mc Collum was referred for inpatient psychiatric treatment because he was confused and disoriented. While he was at Skyview, he was found to suffer from major depressive symptoms. He will be released soon from the prison system and will face many obstacles including unemployment, inadequate housing, mental illness issues, transportation difficulties, the loss of his father, and access to alcohol and other mind altering drugs. These factors in combination with his history of depression may place him at increased risk for potentially self-injurious acts. The offender's therapist had telephone contact with his brother and sister-in-law on December 31, 2003; although his family has agreed to take him into their home, they are reluctant to do so and are looking for community services that might better be able to care for his mental health needs.

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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES**

**PSYCHIATRIC INPATIENT FACILITY  
DISCHARGE/RELEASE SUMMARY**

- I. Identifying Data
- II. Date & Reason for Admission
- III. Clinical Course
- IV. Residual Problems
- V. Final Diagnosis
- VI. Recommendations
- VII. Dated signature of Discharging Psychiatrist and Psychologist

OFFENDER NAME: MC COLLUM, LARRY GENE

TDCJ #: 1105538

UNIT: SKYVIEW

DISCHARGE DATE: 01/06/04

PULHES: S=3NT

**DISCHARGE DIAGNOSIS:**

Axis I: 296.34 Major Depressive Disorder, Recurrent,  
Severe with Psychotic Features  
(Psychotic Features in Remission at this time)

Axis II: 303.9 Alcohol Dependence in a Controlled Environment

Axis III: V71.09 No Diagnosis on Axis II

Axis IV: Degenerative Disease of the Knees; H/O Lower Back Pain

Axis V: Psychosocial and Environmental Stressors: Incarceration  
Current GAF = 60

**RECOMMENDATIONS:**

It is recommended by the treatment team and the attending physician that Offender Mc Collum be discharged from the Mood Disorder Treatment Track and returned to his unit of assignment for continued follow-up for his depressive symptoms until his release from the prison system. He should be offered counseling on an as-needed basis. Furthermore, he should continue his current medication regimen, which at this time consists of Prozac 40mg PO QAM.

**DATED SIGNATURES:**

*Charles Junkin* MA, LPC, RP 01.06.2004  
Charles Junkin, MA, LPC, RP Date

*Vasantha C. Orocovsky* M.D. 1/6/04  
Vasantha Orocovsky, M.D. Date

CJ/VO:rc

Received for transcription on 01/06/04 and typed on 01/06/04 at 1315

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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES****SKYVIEW PSYCHIATRIC FACILITY  
PSYCHIATRIC EVALUATION****OFFENDER NAME: McCOLLUM, LARRY GENE****TDCJ#: 1105538****IDENTIFYING DATA:****DOB: 04-04-53****DATE OF ADMISSION: 12-01-03****AGE/RACE: 50 y/o White male.****EXAMINER: B. Meharry, MSN, RN, CS, PMH-NP.****DATE OF EXAMINATION: 12-03-03/1400.****REASON FOR ADMISSION:**

The patient was referred here from the Cole Unit by Mr. Dorsett, LBSW secondary to, "Patient was waiting on ride to go to Daddy's funeral, decreased hygiene, and disorientation." He was referred from Skyview Crisis Management into D&E with an AXIS I Diagnosis of R/O Dementia of the Alzheimer's Type, Uncomplicated, and on the following psychoactive medication: Fluoxetine 20 mg. p.o. q. h.s., Cogentin 2 mg. p.o. q. h.s., and Benadryl 25 mg. p.o. q. h.s. The patient was advised of the purpose of this examination, the limits of confidentiality, and informed consent. He verbalized understanding and agreed to participate.

**CHIEF COMPLAINTS:**

"I was getting confused about a few things, like, I didn't know what date it was."

**PAST PERTINENT PSYCHIATRIC HISTORY:**

The patient did not begin receiving any freeworld psychiatric treatment until 2001, when he first encountered his legal difficulties. He was treated with Zoloft for symptoms of depression at the MHMR center in Waco, Texas. There is no freeworld history of suicidal attempts/gestures, self-injurious behaviors, or anger-management problems. His substance abuse history included the use of alcohol, methamphetamines, and cocaine. With no known history of treatment for his substance abuse. There is no known familial history of mental illness or chemical dependency. There is no history of a juvenile record. While at the McClendon County Jail awaiting transfer to TDCJ-ID, he was diagnosed with Depression and was treated with Zoloft 100 mg. p.o. q. am.

~~This is the first incarceration for this patient who was received at TDCJ-ID on 07-01-02, where he is serving a 20-month sentence for Theft, Over \$1500. Upon receipt to the prison system, he told the Responsible Psychologist that he had been having difficulty coping with the death of his brother, who died five years ago and the death of his father, who died April of 2003. He became depressed and spent \$12,000. on various items and gambling. This led to his arrest and conviction. He also acknowledged that he had a problems with gambling, sex, and alcohol. He stated that his drinking escalated in 1983, following a divorce. He admits to three arrests for DWI. Although he has never been to Rehab, he relates that he entered a "Detox" center for 10 days in 1987. He also relates that he had some "minor" involvement with Alcoholic Anonymous. At the time, he also reported that he considered himself to be very co-dependent, expressed concern about his welfare upon release from prison as he has no place to live, was worried about the future, and had problems keeping his mind off things that depress him. Although he denied any current suicidal ideations or intent, he admitted that he sometimes believed that he had no real purpose for living. He often felt hopeless and lacked motivation, reported fluctuating appetite, erratic sleep pattern and a recent 30 lbs weight loss. There was no evidence of psychotic symptoms. On 07-02-02, he was seen by the attending psychiatrist where he received an AXIS I Diagnosis of Major Depressive Disorder, Recurrent. He was placed on Zoloft 100 mg. p.o. q. am. A few months later it was noted that he was doing well on Zoloft and wanted to continue his medication regimen. He was 100 percent compliant. He also related that he was experiencing feeling "jumpy". On 12-11-02, he was seen by another psychiatrist, where he reported not only a history of depression, but problems with anxiety. His AXIS I Diagnosis remained Major Depression. He was switched to Nortriptyline 25 mg. p.o. q. h.s. Several days later, he complained of still experiencing "jumpy legs" at bedtime. His Nortriptyline was increased to 50 mg. p.o. q. h.s. On 01-08-03, he complained that he was unable to sleep. His Nortriptyline was increased to 75 mg. p.o.~~

Page 1 of 3

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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES****SKYVIEW PSYCHIATRIC FACILITY  
PSYCHIATRIC EVALUATION****OFFENDER NAME: McCOLLUM, LARRY GENE****TDCJ#: 1105538**

q. h.s. Shortly thereafter, he was referred to Skyview Crisis Management secondary to, threatening suicide. He was discharged back to his unit of assignment, with no change in his diagnosis or medication regimen. He continued to complain of feeling depressed, so his Nortriptyline was increased to 100 mg. p.o. q. h.s. On 04-15-03, he presented as decompensating. He was easily irritated and exhibited poor hygiene and disorganized thoughts. He continued to complain of feeling anxious. He was diagnosed with Anxiety Disorder, NOS and Depressive Disorder, Due To Alcohol and Drugs. He was placed on Haldol 10 mg. p.o. b.i.d., Benadryl 25 mg. p.o. b.i.d., and Prozac 20 mg. p.o. q. am.

More recently, on 09-17-03, he was seen by yet another attending psychiatrist, where he received an AXIS I Diagnosis of Major Depression With Psychotic Features. He continued on the same medication regimen of: Haldol 5 mg. p.o. q. h.s., Benadryl 25 mg. p.o. q. h.s., and Prozac 20 mg. p.o. q. h.s. On 11-24-03, he was seen by the MHS at cellside. He seemed disoriented, was difficult to understand, and related that he was waiting for a ride to go to his Dad's funeral. He was disheveled and exhibited poor hygiene. After consulting with Dr. Reddy, it was determined that he should be referred to Skyview Crisis Management for evaluation and determination of his treatment needs. Upon receipt to the Skyview Unit, he told the admitting RN that he was feeling depressed because a male voice was telling him to hurt himself or others. Objectively, he was observed to be alert, spontaneous, and although he was oriented in general, he was unaware that the day before had been the holiday (Thanksgiving). He seemed "somewhat" confused. Currently, he reports difficulty sleeping, but appetite is "good." He described his mood as "good." He denied any current suicidal ideations or intent. He voiced no complaints regarding side effects from his current medication regimen, but he did complain of difficulty sleeping, blurred vision, and difficulty starting to urinate.

**PERTINENT MEDICAL HISTORY:**

The patient has a history of chronic lower back pain. He has no known drug allergies. There is no known past history of head trauma, loss of consciousness, seizures, blackouts, or chronic headaches.

**PERTINENT PHYSICAL FINDINGS:**

**VITAL SIGNS:** TEMP: 98; PULSE: 130; RESP: 20; BP: 184/88.

**HT:** 70 in. **WT:** 218 lbs.

**LABORATORY INDICES/X-RAYS/OTHER PERTINENT DIAGNOSTIC STUDIES:**

~~CHEM-12 of 07-08-02 showed decreased glucose and elevated uric acid, decreased albumin, liver function test of 07-08-02 was within normal limits; lipid panel of 07-08-02 showed increased triglycerides, decreased HDL cholesterol and increased VLDL cholesterol; CBC with differential and platelet count of 07-08-02 showed decreased RBCs; TSH of 07-08-02 was within normal limits; T4 of 07-08-02 was decreased; T3 of 07-08-02 was within normal limits; FREE thyroxin index of 07-08-02 was decreased; PSA of 07-08-02 was within normal limits; Helicobacter pylori, IgG of 07-08-02 was positive; HIV-1-ABS of 07-02-02 was nonreactive; RPR of 07-02-02 was nonreactive.~~

There are no chest x-rays. X-ray of lumbar spine of 12-16-02 was within normal limits; x-ray of right knee of 12-16-02 showed some arthritic changes; x-ray of left knee of 12-16-02 showed minimal early articular marginal spurring; EKG of 07-02-03 showed normal sinus rhythm and was considered a normal EKG.

**GENERAL DESCRIPTION:** Well-developed, well-nourished, overweight, White male in no obvious acute physical distress. A complete physical examination was not performed at this time, due to the locked down status of the facility. A cursory visual examination revealed the following:

**HEENT:** EYES: no nystagmus; NOSE: no drainage.

**SKIN:** Nonicteric. Appears to be grossly intact.

**EXTREMITIES:** No cyanosis, clubbing or edema.

**NEUROLOGICAL EXAMINATION:** Cranial nerves II through XII appear to be grossly intact. **SENSORY:** grossly intact. **MOTOR:** good ROM in all extremities. **CEREBELLAR:** Steady gait with no ataxia. **AIMS:** negative.

**ASSESSMENT:** Possible Abnormal Laboratory Indices, Abnormal Cardiac Panel, and Elevated Systolic Pressure.



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TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICESSKYVIEW PSYCHIATRIC FACILITY  
PSYCHIATRIC EVALUATION

OFFENDER NAME: McCOLLUM, LARRY GENE

TDCJ#: 1105538

## MENTAL STATUS EXAMINATION:

The patient was seen at cellside, due to the locked down status of the facility. He was dressed in a prison attire and was unshaven, but adequately clean. He appeared older than his stated age. He was alert, made good eye contact, and was cooperative. Psychomotor activity was calm. Speech was spontaneous, rate was within normal limits. Mood was appropriate to the situation. Affect was congruent with mood, range was reactive. No hallucinations were elicited at this time. Thought content was negative for suicidal or homicidal ideations or intent. He expressed no delusions and unusual thinking. Thought processes were coherent, logical, and goal-directed. Patient is grossly oriented X4. His remote and recent memory is grossly intact. His attention and concentration is intact. His intelligence is estimated to be in the average range. Insight and judgement are good.

## SUMMARY OF FINDINGS:

This patient presents with no prior psychiatric history, until he encountered his legal difficulties and went through the stressors of losing some family members. There is also a history of excessive alcohol use. Currently, there are no abnormalities in cognition, thought content, thought processes, nor evidence of hallucinations. There is no major mood disturbance. I believe that his sleep disturbance is most likely due to the schedule that he is receiving Prozac. It may be too activating for him to receive it at night. Although he has no history of hypertension, his cardiac panel was significantly abnormal and there is a familial history of hypertension and diabetes. Given this patient's age and family history, it is possible that he may have experienced a transient ischemia attack (TIA). This would certainly need to be ruled out. At this time, I see no evidence of suicidal ideations or intent, nor is there a recent past history to indicate that he would be at high risk for engaging in self-injurious behaviors.

## DSM-IV DIAGNOSIS:

AXIS: I: 311. Depressive Disorder, NOS.  
293.9 R/O Mental Disorder, NOS, Due to Possible Cardiovascular Problems.  
AXIS II: Deferred.  
AXIS III: Chronic Low-Back Pain; R/O Cardiovascular Problems. NKDA.  
AXIS IV: Problems related to interaction with the legal system: incarceration.  
Problems due to primary support group: recent death of a family member.  
AXIS V: GAF: 55.

## RECOMMENDATIONS/INTERVENTIONS:

Prozac 20 mg. p.o. q. am and Trazodone 100 mg. p.o. q. pm X14 days, then D/C. Discontinue Cogentin and Benadryl. Educated patient regarding side effects, risks, and possible benefits with the use of Prozac and Trazodone. Patient consents and agrees with the treatment plan. I believe that this patient could benefit from the programming in the Mood Disorder Treatment Track to help him learn some coping skills, in order to better plan his future.

PROGNOSIS: Uncertain at this time.

## SIGNATURE/DATE:

*B. Meahary*  
B. Meahary, MSN, RN, CS, PMH-NP/Date 12-5-03  
Transcribed: 12-04-03/12/mlr 0745

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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES**

**SKYVIEW PSYCHIATRIC FACILITY  
PSYCHOSOCIAL EVALUATION**

**OFFENDER NAME: McCollum, Larry Gene**

**TDCJ#: 1105538**

**IDENTIFYING DATA:**

Name: McCollum, Larry Gene

TDCJ#: 1105538

Race: White

DOB: 4-04-53

Age: 50-8

SSNO: Unknown

Admission Date: 12-01-03

Previous Skyview crisis management admissions: 3

Previous inpatient admissions: 0

Current Date: 12-02-03

Examiner: John Yarbrough, SP

**REASON FOR REFERRAL:**

McCollum is a recent admission to D&E from Skyview crisis management. The purpose of this report is to assess this individual's current mental status and to provide recommendations for placement, treatment programming, and aftercare planning. He was previously advised of the limits of confidentiality. He provided verbal consent for this evaluation on 12-02-03.

**CHIEF COMPLAINTS:**

"I was depressed, I guess."

McCollum was admitted after reporting that he "was waiting for a ride to his father's funeral." Hygiene was reportedly decreasing and he was reportedly disoriented. At Skyview he stated, "I've been a little confused for a couple of months, I guess." He stated that he was also having trouble with constipation, dry mouth, blurry vision, mild trembling in his hands, and some degree of confusion. "I try to count the days that I have until I get out. I get out in January of next year."

**PERTINENT MENTAL HEALTH HISTORY:**

McCollum arrived on Skyview crisis management on 11-25-03 from the Cole State Jail. The admitting diagnosis was to "Rule Out Uncomplicated Dementia of the Alzheimer's Type". He is currently prescribed Prozac 20mg hs, Benadryl 25mg hs, and Cogentin 2mg hs.

Records indicate that McCollum has a history of alcohol abuse since 1983. He reports treatment in 1987 and has been minimally involved in AA. He was not treated for depression, however, until about 2001 when he was first incarcerated in the county jail. While at the McClellan County Jail, he was diagnosed with depression and

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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES****SKYVIEW PSYCHIATRIC FACILITY  
PSYCHOSOCIAL EVALUATION****OFFENDER NAME: McCollum, Larry Gene****TDCJ#: 1105538**

prescribed Zoloft 100mg q am. He was also on HCTZ. It was noted that he weighed 307 pounds while at the McLennan County Jail.

McCollum arrived in TDCJ on 7-01-02. On 7-16-02, while at the Hutchins State Jail, he was given a Personality Assessment Inventory which was consistent with diagnoses of Alcohol Dependence and Depression. He was described as being unhappy and pessimistic. He was given a diagnosis of Depressive Disorder NOS and Alcohol Dependence. He claims that he has been losing weight, and he reports losing about 70 pounds over the past 18 months. He was first sent to Skyview crisis management on 1-10-03, and prior to the current admission, his last time at Skyview was from 1-24-03 to 1-29-03 when he was diagnosed with Recurrent Major Depressive Disorder. He had been referred not because of any overt threats of self-harm, but because staff had noted that he was giving away his property. He was seen throughout the first part of 2003 and seen less frequently from 5-09-03 to 8-18-03. On 8-18-03, while at the Cole Unit, he was referred by security with reports that he was disheveled and had been "hoarding strange objects". This behavior was not further commented upon. He was next seen on 11-24-03 and this time was referred to Skyview on the above complaints.

**PERTINENT SOCIAL HISTORY:**

According to this patient, he was born in Enid, Oklahoma and raised in a relatively intact family environment. He had a brother who reportedly died in February of 2002 and his father reportedly died two months later, in April of 2002. McCollum reports that he has been divorced since 1983. He has two children, a 27-year-old daughter and a 21-year-old son, who reside in Waco. Upon release from TDCJ, McCollum plans to return to the Waco area. He remains in contact with his family.

McCollum attended school through the twelfth grade and received a high school diploma. He reports that he was in advanced classes from grades nine to eleven. He is able to read and write and records indicate an overall EA score of 8.6. He has no history of military service. He worked as a warehouse forklift operator. He has been able to maintain steady employment.

Records indicate a history of alcohol abuse, which escalated after his 1983 divorce. He also reports use of cocaine and methamphetamines. He reports detox for ten days in 1987. He reports minor involvement with AA. He reported no incident of head trauma or seizure disorder. He was previously treated for hypertension and complains of chronic knee and back pain. He has not been treated for any medical conditions. He denied any food or drug allergies. He reports a family history of cardiac disease and diabetes.

This patient arrived in TDCJ on 7-01-02. He is currently serving a 20-month sentence from McLennan County for charges of theft over \$1500.00. This is his first TDCJ incarceration. Although he has forfeited no good time, he has received three recent disciplinary cases for failing to obey orders, on 9-02-03, 10-09-03, and 11-07-03, respectively. He remains Line Class I with a projected release date of 1-12-2004.



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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES**

**SKYVIEW PSYCHIATRIC FACILITY  
PSYCHOSOCIAL EVALUATION**

**OFFENDER NAME: McCollum, Larry Gene**

**TDCJ#: 1105538**

**MENTAL STATUS EXAMINATION:**

McCollum is a 50-year-old white male who appears older than his stated age. He is of average height and overweight in build, 5'8" tall and 218 pounds. Records indicate that he has lost a significant amount of weight since his arrival in TDCJ on 7-01-02. At this time, gait and gross motor control are within normal limits. He was unshaved, but otherwise adequately groomed, dressed in a prison-issued jumpsuit. He was alert and oriented to person, place, situation, and roughly to date. He believed that this was November 25, 2003. He was aware, however, that Thanksgiving had recently passed. He is also aware that he is scheduled for release in about five weeks. Adequate eye contact was maintained.

McCollum's speech was clear, coherent, and goal-directed. No emotional distancing was noted. He is not reporting hallucinatory phenomena and he does not appear to be attending to internal stimuli. No suspiciousness was noted and no delusions were elicited. He reports no disturbance of sleep or appetite. His mood appears euthymic with a reactive affect. At present he denied any self-harm ideation.

This patient appears to be within the average range of intellectual functioning. Records indicate a Beta-3 IQ score of 92. He has an adequate fund of general information and memory functioning appears grossly intact. No distractibility was noted. Insight and judgment appear adequate.

**RESULTS OF PSYCHOMETRICS:**

McCollum received a score of 29 on the Brief Psychiatric Rating Scale. He presents with mild complaints of depression and a mild degree of anxiety in the absence of overt signs or symptoms of psychosis. These ratings were consistent with those of the Hamilton Rating Scale for depression and indicate a mild degree of impairment.

**SUMMARY OF FINDINGS:**

Records indicate a lengthy history of alcohol dependence and a history of treatment for anxiety and depression since his incarceration in late 2001. Staff currently complain of some oddities in behavior and some degree of mild confusion. McCollum complains of some confusion and disorientation as well as symptoms which may be related to his anticholinergic regimen. No recent laboratory information is available and he has been referred for further medical evaluation. In line with the current information, a continued provisional diagnosis of Depressive Disorder NOS is appropriate.

**DSM-IV DIAGNOSTIC IMPRESSION:**

Axis I: 311 Depressive Disorder NOS, provisional.  
Rule out 995.2 Adverse effects of medication NOS.  
Axis II: V71.09 No diagnosis on Axis II.  
Axis III: Deferred.

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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES**

**SKYVIEW PSYCHIATRIC FACILITY  
PSYCHOSOCIAL EVALUATION**

**OFFENDER NAME: McCollum, Larry Gene**

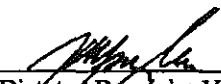
**TDCJ#: 1105538**

Axis IV: Psychosocial and environmental stressors: incarceration.  
Axis V: Current GAF = 50

**RECOMMENDATIONS/INTERVENTIONS:**

McCollum remains on monitoring status in D&E. He has been referred for medication evaluation and for further medical evaluation to rule out other conditions. Consult has been made with the treating mid-level practitioner.

**SIGNATURE/DATE:**

  
Dictated By: John Yarbrough, SP 12/3/03 C 1200  
Transcribed: 12-03-03/0850/nj 12-02-03

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UTMB MENTAL HEALTH SERVICES  
CRISIS MANAGEMENT DISCHARGE SUMMARY

NAME	<u>McCollum, Larry</u>	TDCJ#	<u>1105538</u>	UNIT	<u>SV</u>
# PRIOR C/M ADMISSIONS	<u>2</u>	# PRIOR INPATIENT ADMISSIONS	<u>—</u>	LAST ADMISSION	<u>11/03</u>
ADMISSION DATE	<u>11.25.03</u>	UNIT OF ORIGIN	<u>(C4) Cole</u>	DISCHARGE DATE	<u>12.1.03</u>

REASON FOR ADMISSION Pt was "waiting on a ride to go to my daddy's funeral  
& hygiene and disoriented.

PRESENTING SYMPTOMS Pt clo feeling depressed and hearing  
voices.

CURRENT MENTAL STATUS AND RISK ASSESSMENT Pt was alert and spontaneous although  
he was oriented in general he was unaware that the  
day before was a Holiday. Pt seemed to be somewhat confused.

DIAGNOSTIC IMPRESSION : AXIS I R6 290.10  
 AXIS II —

## RECOMMENDATIONS/PLAN:

- ☒ ADMIT TO EVALUATION AND DIAGNOSTIC
- ☐ INITIATE/CONTINUE OUTPATIENT CARE (SPECIFY) —
- ☐ OTHER (SPECIFY) —

CONSULTATION WITH RECEIVING FACILITY MENTAL HEALTH OR MEDICAL STAFF CONDUCTED WITH

(NAME)

Lana McKinnon SP12.1.03

CRISIS MANAGEMENT PSYCHOTHERAPIST SIGNATURE

DATE

ADDITIONAL COMMENTS:

**UTMB MANAGED CARE  
MENTAL HEALTH SERVICES**

Mental Health Chain/Transfer Screening

Patient Name: MCCOLLUM, LARRY G

TDCJ#: 1105538

Date: 01/08/2004 15:09

Facility: COLE

Current Medications:

BENZTROPINE MESYLATE 2MG TABS, 1 TABS ORAL(po) QHS

*Special Instructions:* EQUI=COGENTIN. NON-KOP D/C BENADRYL.

DIPHENHYDRAMINE HCL 25MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* EQUI=BENADRYL

PROZAC 20MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY

S: Offender arrived this date from:

☒ Psychiatric inpatient/crisis management facility  
 \_\_\_\_\_ (TDCJ facility name)

O: Review of medical record indicates:

\_\_\_\_\_ No current or past mental health treatment; no current mental health complaints; no current or past suicidal ideations or attempts  
 \_\_\_\_\_ Current mental health treatment  
☒ History of mental health treatment  
 \_\_\_\_\_ History of suicidal attempts/gestures  
 \_\_\_\_\_ Current suicidal ideation  
 \_\_\_\_\_ Poor hygiene, disorientation, inappropriate behavior and/or thought processes treatment and/or self-injurious behavior

PULSES: S 3NT

Alert code(s): 2963

A: Assessment

\_\_\_\_\_ No apparent mental health needs at this time  
☒ Possible mental health needs, non-urgent  
 \_\_\_\_\_ Possible mental health needs, urgent  
 \_\_\_\_\_ Current prescription for psychotropic medications  
 \_\_\_\_\_ Returning from inpatient/crisis management facility

P: Disposition

\_\_\_\_\_ Continue routine in-processing  
☒ Schedule with mental health clinician (within 72 hours)  
 \_\_\_\_\_ Schedule immediately with Mental Health Professional  
 \_\_\_\_\_ Schedule for routine Mental Health evaluation (within 7 days)  
 \_\_\_\_\_ Schedule for psychiatrist/MLP (within 14 days)  
 \_\_\_\_\_ Schedule for ad seg assessment (within 30 days)

Electronically Signed by BURLESON, BILLY D PsyD on 01/08/2004.

###And No Others##

**UTMB MANAGED CARE  
MENTAL HEALTH SERVICES**

Patient MH Follow-up

Patient Name: MCCOLLUM, LARRY G

TDCJ#:1105538

Date: 01/08/2004 14:41

Facility: COLE

Current Medications:

BENZTROPINE MESYLATE 2MG TABS, 1 TABS ORAL(po) QHS

*Special Instructions:* EQUI=COGENTIN. NON-KOP D/C BENADRYL.

DIPHENHYDRAMINE HCL 25MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* EQUI=BENADRYL

PROZAC 20MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY

S: The patient reports: Saw Mr mccollum on his return from Skyview. MHL had contacted skyview per their request. Skyview staff wanted MR Mccollum to have a refferal to MHMR as he gets out on 1/12/04. MHL met with patient today who says he feels better. He is informed to go to the WACO MHMR. He plans to reside with his brother in Waco.

O: Observations: poor hyigene but is lucid and on meds. He reports no current major mh issues  
Mental Status:clear currently

A: Impression:looking forward to going home. plans to follow up with MHMR next week appt made through TACOMI and MHL sent MH papers from skyview and cole. MHL obtained consent form to send information.

Referral:

F/U:

Schedule Appointment:

Follow up PRN: see prn

Interpreter Used	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Name of interpreter:
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Electronically Signed by DORSETT, JON T MED on 01/08/2004.

##And No Others##

**UTMB MANAGED CARE  
MENTAL HEALTH SERVICES**

Triage Interview

Patient Name: MCCOLLUM, LARRY G

TDCJ#:1105538

Date: 11/25/2003 09:59

Facility: COLE

Current Medications:

BENZTROPINE MESYLATE 2MG TABS, 1 TABS ORAL(po) QHS

*Special Instructions:* EQUI=COGENTIN. NON-KOP D/C BENADRYL.

DIPHENHYDRAMINE HCL 25MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* EQUI=BENADRYL

PROZAC 20MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY

S: Patient interviewed to determine urgency of mental health needs.

Referral Source:

- ☐ Chain screen
- ☐ Sick-call request/I-60
- ☐ Walk-in
- ☒ Referral from: nursing

Reason for referral: Offender is seen by security putting his hands in the air as if to pull something out of the sky. He is also said to have pulled hairs from his chest and chewed on his shirt.

Offender reports: Saw Mr. McCollum cell-side. He reports that he feels nervous and has been having "twinges" in his hands. He is asked by MHL if they are involuntary and he said "yes they have gotten bad every since the doctor put me on that other pill". He is asked if he knows his name and where he is as well as MHL's name. He is oriented on all spheres. He knows he's from Waco and will get out in Jan and is looking forward to seeing his family especially his grandchildren. He plans to live with family when he gets out. ~~He reports eating fair and sleeping not so good. He has a~~ pensive stare and is ill shaven. "I feel nervous and have felt like falling". He reports no delusions and is not suicidal. MHL contacted Dr. Reddy(see nurse's note dated 11/25/03). Dr. Reddy is informed of the above. Dr. Reddy orders Mr. McCollum's Haloperidol stopped due to involuntary handshaking and other symptoms. Dr. Reddy wants MHL to schedule Mr. McCollum to see Dr. Reddy on 12/3/03 for FU. MHL relayed information to Mr. McCollum on this date.

- ☒ Discussed limits of confidentiality with offender. He/she verbalized understanding

O: Mental status/behavioral observations

Oriented x 4

Appearance and behavior:disshaveled/cooperative

Speech:soft

Mood:nervous

Affect:Pensive

Thought processes: oriented to place,time,person and abstracts(i.e. future goals etc)

Thought content: pertains to his meds and "nervous symptoms"

Cognition:fair

Suicidal/homicidal ideations:none

A: Urgent mental health needs identified

- ☒ Non-urgent mental health needs identified
- ☐ No apparent mental health needs
- ☐ Other:

Refer to:

- ☐ Psychologist/psychotherapist
- ☒ Psychiatrist/MLP

**UTMB MANAGED CARE  
MENTAL HEALTH SERVICES**Triage Interview

Patient Name: MCCOLLUM, LARRY G

TDCJ#:1105538

Date: 11/25/2003 09:59

Facility: COLE

☐ Nurse☐ Other:☐ Return to clinic in \_12/3/03\_\_\_\_\_ for follow-up☐ Follow-up upon request or referral. Access to care procedure explained to patient

Interpreter Used	Yes	No	Name of interpreter:
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Electronically Signed by DORSETT, JON T MED on 11/25/2003.  
##And No Others##

**UTMB MANAGED CARE  
MENTAL HEALTH SERVICES**

Outpatient Psychiatric Follow-up

Patient Name: MCCOLLUM, LARRY G

TDCJ#:1105538

Date: 11/19/2003 10:14

Mileage: COLE

Medications:

DIPHENHYDRAMINE HCL 25MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* EQUI=BENADRYL

HALOPERIDOL 5MG TABS, 1 TABS ORAL(po) QHS

*Special Instructions:* EQUI=HALDOL. \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY, VERY IMPORTANT TO TAKE OR USE EXACTLY AS DIRECTED

PROZAC 20MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERYAllergies: NO KNOWN ALLERGIES

Most recent vitals from 11/13/2003: BP: 112 / 87 (Standing) Wt. 192 Lbs. Height Pulse: 107 (Standing) Resp.: 18 / min Temp: 97 (Oral)

CASE SUMMARYProblems:

PRE-SEGREGATION/LOCK-UP PHYSICAL EXAM [V70.51] first observed 11/13/2003 (Active)

BACKACHE [724.5] first observed 07/01/2002 (Active)

MAJOR DEPRESSION, RECURRENT EPISODE [296.3] first observed 07/01/2002 (Active)

HIGH-RISK SEXUAL BEHAVIOR [V69.2] first observed 07/01/2002 (Inactive)

OBESITY NOS [278.00] first observed 07/01/2002 (Inactive)

TB CLASS 0 (NO EXPOSURE PULM. TUBERCULOSIS) [011.] first observed 07/01/2002 (Inactive)

VARICELLA WITHOUT MENTION OF COMPLICATION [052.9] first observed 07/01/2002 (Inactive)

S: The patient reports: Seen today for medication renewal. He is doing well. He is functioning well. No more hearing voices.

Medication effects: good response.

Medication side effects: Feeling stiff some time

Medication compliance: Good

Laboratory results:

Psychotherapy participation:

O: Cooperative. Mood is euthymic. Affect is appropriate. Oriented x3. Denies any delusion or hallucination. Insight &amp; judgement is fair. Denies any suicidal or homicidal ideation.

A: Axis I: Major depression with psychotic Features

Axis II: Differed

Axis III: None

P: Medications: Medication good for 90 days. Exp 09/11/2004

Started Meds:

BENZTROPINE MESYLATE 2MG TABS

52555067801

11/19/2003 10:32

1 TABS ORAL(po) QHS

*Special Instructions:* Equi=Cogentin. Non-Kop D/C Benadryl.

STOP DATE:

REFILLS: 11

Psychotherapy:

Laboratory:

Referrals:

Follow-up: RTC 12 weeks.

The risks, benefits, side effects, and alternatives to \_halodal, prozac &amp; cogentin. \_\_\_\_\_ have been discussed and the patient agrees.

Interpreter Used	Yes	No	Name of interpreter:
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**UTMB MANAGED CARE  
MENTAL HEALTH SERVICES**

Outpatient Psychiatric Follow-up

Patient Name: MCCOLLUM, LARRY G  
CITY: COLE

TDCJ#:1105538

Date: 11/19/2003 10:14

Electronically Signed by REDDY, SRINIVAS P M.D. on 11/19/2003.  
##And No Others##

Procedures Ordered:  
MH OP FOLLOW-UP: major depression, recurrent episode

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Date &amp; Time

## Notes

10/14/13 On this date Mr. McCallum got a case for  
0950 not getting into state Ct. Cleared for  
disciplinary - Tim J. Dorsett, MD

HSM - 1 (Rev. 5/92)

**UTMB MANAGED CARE  
MENTAL HEALTH SERVICES**

Outpatient Psychiatric Follow-up

Patient Name: MCCOLLUM, LARRY G

TDCJ#:1105538

Date: 09/17/2003 08:04

Facility: COLE

Current Medications:

DIPHENHYDRAMINE HCL 25MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* EQUI=BENADRYL

HALOPERIDOL 5MG TABS, 1 TABS ORAL(po) QHS

*Special Instructions:* EQUI=HALDOL. \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY, VERY IMPORTANT TO TAKE OR USE EXACTLY AS DIRECTED

PROZAC 20MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY :

S: The patient reports: Seen today for medication renewal .He is doing well with present medication.No more feeling depressed.He was admitted to SV crisis unit in Jan,2003.No more feeling paranoid

Medication effects: Good response.

Medication side effects:None

Medication compliance:Good

Laboratory results:WNL.

Psychotherapy participation:

O: Cooperative.Mood is euthymic.Affect is flat.Oriented x3.Denies any delusion or hallucination.Denies any suicidal or homicidal ideation.Insight & judgement is fair.

Axis I: Major Depression With Psychotic features

Axis II:Differed

Axis III:None

P: Medications: D/C previous Haodal ,Benadryl & Prozac.  
Halodal 5 mg 1 qhs x30 Refill 11  
Benadryl 25 mg 1 qhs x30 Refill 11  
Prozac 20 mg 1qhs x30 refill 11  
ITP & AIMS done

Psychotherapy:

Laboratory:

Referrals:

Follow-up:RTC 12 weeks

The risks, benefits, side effects, and alternatives to \_\_MEDICATION.\_\_\_\_\_ have been discussed and the patient agrees.

Interpreter Used	Yes	No	Name of interpreter:
------------------	-----	----	----------------------

Electronically Signed by REDDY, SRINIVAS P M.D. on 09/17/2003.

##And No Others##

Procedures Ordered:

BRIEF OFFICE VISIT - LEVEL 1 (NO COPAY):

major depression, recurrent episode

**UTMB MANAGED CARE  
CLINIC NOTES - NURSING**

**Patient Name:** MCCOLLUM, LARRY G

**TDCJ#:** 1105538

**Date:** 11/25/2003 09:29

**Facility:** COLE

**Most recent vitals from 11/13/2003:** BP: 112 / 87 (Standing) Wt. 192 Lbs. Height Pulse: 107 (Standing) Resp.: 18 / min Temp: 97 (Oral)

**Current Medications:**

BENZTROPINE MESYLATE 2MG TABS, 1 TABS ORAL(po) QHS

*Special Instructions:* EQUI=COGENTIN. NON-KOP D/C BENADRYL.

DIPHENHYDRAMINE HCL 25MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* EQUI=BENADRYL

HALOPERIDOL 5MG TABS, 1 TABS ORAL(po) QHS

*Special Instructions:* EQUI=HALDOL. \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY, VERY IMPORTANT TO TAKE OR USE EXACTLY AS DIRECTED

PROZAC 20MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY

**Allergies:** NO KNOWN ALLERGIES

**Today's Problem:**

**Plan is as follows:** DC Haldol T O Dr Reddy/DPhillipsRN

<b>Interpreter Used</b>	<b>Yes</b>	<b>No</b>	<b>Name of interpreter:</b>
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Electronically Signed by PHILLIPS, DEBORAH L R.N. on 11/25/2003.

Electronically Signed by DORSETT, JON T MED on 11/25/2003.

Electronically Signed by REDDY, SRINIVAS P M.D. on 11/25/2003.

##And No Others##

**UTMB MANAGED CARE**  
**PRE-SEGREGATION/PSYCHIATRIC PRE-CRISIS MANAGEMENT HEALTH EVALUATION**

**Patient Name:** MCCOLLUM, LARRY G      **TDCJ#:** 1105538      **Date:** 11/13/2003 13:45

**ility:** COLE

**al Signs:** 112 / 87 (Standing) 107 (Standing) 97 (Oral) 192 Lbs.18 / min

**Allergies:** NO KNOWN ALLERGIES

**Current Medications:**

DIPHENHYDRAMINE HCL 25MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* EQUI=BENADRYL

HALOPERIDOL 5MG TABS, 1 TABS ORAL(po) QHS

*Special Instructions:* EQUI=HALDOL. \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY, VERY IMPORTANT TO TAKE OR USE EXACTLY AS DIRECTED

PROZAC 20MG CAPS, 1 CAPS ORAL(po) QHS

*Special Instructions:* \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY

**PRE-SEGREGATION/LOCK-UP PHYSICAL EXAM**

Holds

Medical

No

Mental Health

No

Mrop

No

Phop

No

Chronic Clinics

No

Special Diet

No

Physical Observations

General Appearance

Clean

Skin

Turgor

Good

Lacerations

No

Contusions

No

Brusies

No

Respiratory

Breath Sounds

Clear

Dyspnea

No

Cough/Congestion

No

Cardiovascular

Rhythm

Regular

Edema

No

**UTMB MANAGED CARE**  
**PRE-SEGREGATION/PSYCHIATRIC PRE-CRISIS MANAGEMENT HEALTH EVALUATION**

**Patient Name:** MCCOLLUM, LARRY G  
**Locality:** COLE

**TDCJ#:** 1105538

**Date:** 11/13/2003 13:45

Chest Pain  
No  
Bleeding Tendencies  
No  
Gastrointestinal  
Distention  
No  
Constipation  
No  
Diarrhea  
No  
Nausea  
No  
Vomiting  
No  
Abdominal Pain  
No  
Genitourinary  
Flank Pain  
No  
Burning/Frequency Urination  
No  
Discharge  
No  
Gyn

Pregnant  
Not Applicable  
Menses  
Not Applicable

Neurological  
Headache  
No  
Dizziness  
No  
Speech  
Normal  
Pupils  
Equal  
Reactive  
Left  
Right

Psychiatric  
Orientation  
Person  
Yes  
Place  
Yes  
Time  
Yes

**UTMB MANAGED CARE**  
**PRE-SEGREGATION/PSYCHIATRIC PRE-CRISIS MANAGEMENT HEALTH EVALUATION**

**Patient Name:** MCCOLLUM, LARRY G

**TDCJ#:** 1105538

**Date:** 11/13/2003 13:45

**Facility:** COLE

Coherence Of Thought Processes

Organized

Logical

Emotional State

Social

Musculoskeletal Range Of Motion

Upper Extremities

Normal

Lower Extremities

Normal

Cleared For Segregation

Yes

Released To Security

Yes

Medically Cleared For Crisis Management

Yes

Referred For Further Evaluation

No

Interpreter Used	Yes	No	Name of interpreter:
Electronically Signed by FERNANDEZ, GLORIA J L.V.N. on 11/13/2003.			
Electronically Signed by BLACK, MARIE B NP on 11/14/2003.			
##And No Others##			

# Scanned by GANTT, DEBRA J in facility COLE on 11/30/2003 16:07

Z

**TDCJ MANGED CARE  
SOLITARY/PREHEARING FLOW SHEET**

1E:		Mccollum, Larry G			
TDCJ#:		1105538			
CELL#:		K/9		UNIT:	COLE
DATE/TIME	PSYCH STATU S	COMPLAINT/DISPOSITION/ SIGNATURE	HEALTH STATUS	COMPLAINT/DISPOSITION/ SIGNATURE	
	* ✓		* ✓		
11-13-03	1315	Clearance for Adm. Sec. ✓		Permanence	
11/14/03	830	DPHulligsh ✓		DPHulligsh	
11/15 0700		c Smulders ✓		c Smulders	
11/16 0100		c Smulders ✓		c Smulders	
11-17 415	✓	DPHulligsh		DPHulligsh	
11-18-03	0800	Permanence ✓		Permanence	
11/19/03	800	DPHulligsh ✓		DPHulligsh	
11/20/03	045	DPHulligsh ✓		DPHulligsh	
11/21/03 800		DPHulligsh ✓		DPHulligsh	
11/22 0100		c Smulders ✓		c Smulders	
11/23 0900		c Smulders ✓		c Smulders	
11-24-03 0700		Permanence ✓		Permanence	
11/25/03 0800		DPHulligsh ✓		DPHulligsh	
11-26-03 0700		Permanence ✓		Permanence	
		11-25-03 gone to Sky View ✓			

**( \* ) Significant Findings**

Significant findings are documented in the health record (HSM-1). Upon completion of solitary/prehearing status, this form will be placed into the health record.

HSM-46 (3/97)

X



#



Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 11/19/2003 10:25:34

SRINIVAS P. REDDY, M.D.

Rx: MCCOLLUM, LARRY G  
MRN: 1105538 11/19/2003  
Address: RT. 3 BOX 888  
BONHAM, TX 75413  
Phone: Birth: 04/04/1953 SSN: 464903517

BENZTROPINE MESYLATE 2MG TABS  
Sig: 1 TABS ORAL(po) BEDTIME  
EQUI=COGENTIN. NON-KOP D/C BENADRYL.  
Disp. #: 30 TABS Refills: 11  
Allow Generic - No product selection indicated

Prescription Electronically Signed  
by SRINIVAS P. REDDY, M.D.

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 09/17/2003 08:04:25

SRINIVAS P. REDDY, M.D.

Rx: MCCOLLUM, LARRY G  
MRN: 1105538 09/17/2003  
Address: RT. 3 BOX 888  
BONHAM, TX 75413  
Phone: Birth: 04/04/1953 SSN: 464903517

HALOPERIDOL 5MG TABS  
Sig: 1 TABS ORAL(po) BEDTIME  
EQUI=HALDOL. \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IM  
PAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY, VERY IMPORTANT TO  
TAKE OR USE EXACTLY AS DIRECTED  
Disp. #: 30 TABS Refills: 11  
Allow Generic - No product selection indicated

DIPHENHYDRAMINE HCL 25MG CAPS  
Sig: 1 CAPS ORAL(po) BEDTIME  
EQUI=BENADRYL  
Disp. #: 30 CAPS Refills: 2  
Allow Generic - No product selection indicated

Prescription Electronically Signed  
by SRINIVAS P. REDDY, M.D.

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 09/17/2003 08:04:25

SRINIVAS P. REDDY, M.D.

Rx: MCCOLLUM, LARRY G  
MRN: 1105538 09/17/2003  
Address: RT. 3 BOX 888  
BONHAM, TX 75413  
Phone: Birth: 04/04/1953 SSN: 464903517

PROZAC 20MG CAPS  
Sig: 1 CAPS ORAL(po) BEDTIME  
\*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE  
LITY TO DRIVE OR OPERATE MACHINERY  
Disp. #: 30 CAPS Refills: 11  
Allow Generic - No product selection indicated

Prescription Electronically Signed  
by SRINIVAS P. REDDY, M.D.

Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 02/06/2003 09:06:04

UNKNOWN UNKNOWN,

Rx: MCCOLLUM,LARRY G  
MRN: 1105538 02/06/2003  
Address: RT. 3 BOX 888  
BONHAM, TX 75413  
Phone: Birth: 04/04/1953 SSN: 464903517

ZOLOFT 100MG TABS  
Sig: 1 TABS ORAL(po) EVERY MORNING  
TAE 1 CAP AT 1500 X 30 DAYS  
Disp. #: 0 TABS Refills: 11  
Allow Generic - No product selection indicated

TOLNAFTATE 1% %  
Sig: 2 % TOPICALLY TWICE DAILY  
FOR EXTERNAL USE ONLY, RESTRICTED FROM UNIT STOCK, VERY IMPORTANT  
O TAKE OR USE THIS EXACTLY AS DIRECTED  
2X DAILYXS 30 DAYS-KOP  
Disp. #: 0 BT Refills: None  
Allow Generic - No product selection indicated

This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 02/06/2003 09:06:04

UNKNOWN UNKNOWN,

Rx: MCCOLLUM, LARRY G  
MRN: 1105538 02/06/2003  
Address: RT. 3 BOX 888  
BONHAM, TX 75413  
Phone: Birth: 04/04/1953 SSN: 464903517

NAPROXEN 250MG TABS  
Sig: 1 TABS ORAL(po) TWICE DAILY  
EQUI=NAPROSYN. TAKE WITH FOOD OR MILK, VERY IMPORTANT TO TAKE  
E THIS EXACTLY AS DIRECTED  
1 TAB PO BID X 30 DAYS #60  
Disp. #: 0 TABS Refills: 2  
Allow Generic - No product selection indicated

This document has been sent for signature, but has not yet been reviewed

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 02/06/2003 08:46:59

UNKNOWN UNKNOWN,

Rx: MCCOLLUM, LARRY G  
MRN: 1105538 02/06/2003  
Address: RT. 3 BOX 888  
BONHAM, TX 75413  
Phone: Birth: 04/04/1953 SSN: 464903517

NORTRIPTYLINE HCL 75MG CAPS  
Sig: 1 CAPS ORAL(po) BEDTIME  
EQUI=AVENTYL, PAMELOR. \*NON-KOP\*, MAY CAUSE DROWSINESS OR DIZZINE  
SS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY, THIS ST  
RENGTH RESTRICTED FROM UNIT STOCK, VERY IMPORTANT TO TAKE OR USE  
THIS EXACTLY AS DIRECTED  
Disp. #: 0 CAPS Refills: 11  
Allow Generic - No product selection indicated

This document has been sent for signature, but has not yet been reviewed

Scanned by GANTT, DEBRA J in facility COLE on 01/13/2004 10:15

JSA8830 /CIW1/HS09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION09:53:  
01/09/20NAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: B HOUSING: K1-006  
JOB: JC UTILITY WORK SQUAD 05DOB: 04/04/1953 P U I L H E S  
WGT: 290 LBS  
HGT: 0'00" 1311121111131  
1E1A1B1A1A1N1  
1P1 1P1 1 1T1  
-----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- A. NO RESTRICTION  
-- B. REGIONAL MEDICAL FACILITY  
-- C. EXTENDED CARE FACILITY  
00 D. PSYCHIATRIC CARE FACILITY

- E. BARRIER-FREE FACILITY  
-- F. SINGLE LEVEL FACILITY  
SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? X YES  
SUITABLE FOR SAIP FACILITY? X YES

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- X 1. NO RESTRICTION  
-- 2. SINGLE CELL ONLY  
-- 3. DOUBLE CELL ONLY  
-- 4. SPECIAL HOUSING (HOUSING WITH  
PATIENT WITH LIKE MEDICAL CONDITION  
-- 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION  
-- 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION  
-- 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- 1. MEDICALLY UNASSIGNED  
-- 2. PSYCHIATRICAL UNASSIGNED  
-- 3. SEDENTARY WORK ONLY  
-- 4. FOUR HOUR WORK RESTRICTION  
-- 5. FOUR HOUR LIMITED WORK RESTRICTION  
-- 6. EXCUSE FROM SCHOOL  
-- 7. LIMITED STANDING  
-- 8. NO WALKING > \_\_\_ YARDS  
-- 9. NO LIFTING > \_\_\_ LBS.  
-- 10. NO BENDING AT WAIST  
-- 11. NO SQUATTING  
-- 12. NO CLIMBING  
-- 13. LIMITED SITTING  
-- 14. NO REACHING OVER SHOULDER

- 15. NO FOOD SERVICE  
-- 16. NO REPETITIVE USE OF HANDS  
-- 17. NO WALKING ON WET UNEVEN SURFACES  
-- 18. NO NOT ASSIGN TO MEDICAL  
00 19. NO WORK IN DIRECT SUNLIGHT  
00 20. NO TEMPERATURE EXTREMES  
00 21. NO HUMIDITY EXTREMES  
-- 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANT  
-- 23. NO WORK WITH CHEMICALS OR IRRITANTS  
-- 24. NO WORK REQUIRING SAFETY BOOTS  
-- 25. NO WORK AROUND MACHINES WITH MOVING PA  
-- 26. NO WORK EXPOSURE TO LOUD NOISES  
-- 27. NO WORK REQUIRING COMPLEX INSTRUCTION

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- A. NO RESTRICTIONS  
00 B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION  
-- C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- A. NO RESTRICTION  
-- B. MEDICAL REPRESENTATIVE REQUIRED  
00 C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- X A. NO RESTRICTION  
-- B. EMS AMBULANCE  
-- C. WHEELCHAIR VAN  
-- D. VAN (SOUTHERN REGION ONLY)

S. REDDY, M.D. PSYCHIATRI 01/09/2004  
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

HSN-18 (REV. 07/01)

*ordered*  
*1/8/04*

Scanned by THOMPSON, MURVEL J in facility SKYVIEW on 12/24/2003 09:08

08:54:21

12/24/2003

HEALTH SUMMARY FOR CLASSIFICATION

NAME: MCCOLLUM, LARRY GENE  
 TDCJ#: 01105538 SID#: 03950494  
 UNIT: SV HOUSING: 5A1-03  
 JOB: UNASGN MENTAL HEALTH

DOB: 04/04/1953 P U L H E S  
 WGT: 290 LBS  
 HGT: 0'00" 1311211141  
 E1A1B1A1A1P1  
 1P1 1P1 1 1P1

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☐ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☒ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? X YES ☐ NO  
 SUITABLE FOR SAIP FACILITY? X YES ☐ NO

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- X 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
 PATIENT WITH LIKE MEDICAL CONDITION)  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION  
☐ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED  
☐ 2. PSYCHIATRICAL UNASSIGNED  
☐ 3. SEDENTARY WORK ONLY  
☐ 4. FOUR HOUR WORK RESTRICTION  
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION  
☐ 6. EXCUSE FROM SCHOOL  
☐ 7. LIMITED STANDING  
☐ 8. NO WALKING > ☐ YARDS  
☐ 9. NO LIFTING > ☐ LBS.  
☐ 10. NO BENDING AT WAIST  
☐ 11. NO SQUATTING  
☐ 12. NO CLIMBING  
☐ 13. LIMITED SITTING  
☐ 14. NO REACHING OVER SHOULDER  
☐ 15. NO FOOD SERVICE  
☐ 16. NO REPETITIVE USE OF HANDS  
☐ 17. NO WALKING ON WET UNEVEN SURFACES  
☐ 18. DO NOT ASSIGN TO MEDICAL  
☒ 19. NO WORK IN DIRECT SUNLIGHT  
☒ 20. NO TEMPERATURE EXTREMES  
☒ 21. NO HUMIDITY EXTREMES  
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANTS  
☐ 23. NO WORK WITH CHEMICALS OR IRRITANTS  
☐ 24. NO WORK REQUIRING SAFETY BOOTS  
☐ 25. NO WORK AROUND MACHINES WITH MOVING PARTS  
☐ 26. NO WORK EXPOSURE TO LOUD NOISES  
☐ 27. NO WORK REQUIRING COMPLEX INSTRUCTIONS

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☒ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☐ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☒ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- X A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

MEHARRY RNNP 12/24/2003  
 PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

HSM-18 (REV. 07/01)



NAME: McCollum, Harry TDCI: 1105538 ALLERGIES: None  
 III. Facility of Assignment Health Screening: Date: 1-8-04 Time: 0945 Facility: State  
 Current History of treatment for Health Problem or Chronic Condition? MEDICAL ☐ DENTAL ☐  
 MENTAL HEALTH ☐ SUBSTANCE ABUSE ☐

If yes, describe: \_\_\_\_\_

GENERAL APPEARANCE: Clean ☒ Dirty ☐ Neat ☒ Sloppy ☐  
SKIN: Cuts: Yes ☐ No ☒ Bruises: Yes ☐ No ☒ Sores: Yes ☐ No ☒  
PHYSICAL DEFORMITIES: Yes ☐ No ☒

BEHAVIOR: ☐ Angry ☐ Crying ☒ Cooperative ☐ Happy ☐ Other: \_\_\_\_\_  
DO YOU HAVE CURRENT THOUGHTS ABOUT SUICIDE? Yes ☐ No ☒  
HAVE YOU EVER TRIED TO KILL YOURSELF? Yes ☐ No ☒

IV. Review of Offender's Health Record  
Date last PPD ☒ CXR ☐ 7-11-03 X-rays Rec'd: YES ☐ NO ☒ Meds Rec'd YES ☐ NO ☒  
Health Problems: 1. Bad pain, anxiety, res. MH with needs

Treatments Special Care: Follow-up/Diets/Appointments:  
 BHA FUE MH on 2-11-04  
 med. dx. Schiz. del. rem. for FDR MH FH

Respirations: Housing \_\_\_\_\_  
Work (III) #'s 1, 9, 20, 21 Discipline Restrictions: Yes ☐ No ☒  
Nurse Signature/Date/Time [Signature] 1-8-04/1415  
Physician/Physician Extender Signature/Date/Time [Signature] 1-8-04/1415

Scanned by PAGE, CONNIE L in facility COLE on 01/15/2004 15:16  
 FUNCTIONAL MANAGER RE  
 MEDICAL & MENTAL HEALTH TRANSFERS SCREENING

NAME: McCollum, Harry TDCJ: 1105538 ALLERGIES: None

III. Facility of Assignment Health Screening: Date: 1-8-04 Time: 0945 Facility: Cole

Current History of treatment for Health Problem or Chronic Condition? MEDICAL ☐ DENTAL ☐  
 MENTAL HEALTH ☐ SUBSTANCE ABUSE ☐

If yes, describe: \_\_\_\_\_

Currently taking any medications? Yes ☒ No ☐ PRINT PASS ATTACHED: Yes ☒ No ☐  
 Direct Observed Therapy? Yes ☐ No ☒ Keep On Person? Yes ☐ No ☒  
 Do you have a current health care complaint? MEDICAL ☐ DENTAL ☐ MENTAL HEALTH ☐

If yes, describe: \_\_\_\_\_

GENERAL APPEARANCE: Clear ☒ Dirty ☐ Neat ☒ Sloppy ☐  
 SKIN: Cuts: Yes ☐ No ☒ Bruises: Yes ☐ No ☒ Sores: Yes ☐ No ☒  
 PHYSICAL DEFORMITIES: Yes ☐ No ☒

If yes, describe: \_\_\_\_\_

OFFENDER'S PRESENT ORIENTATION: What is today's date? 1/8/04 Time? 0945

What place is this? Cole  
 SPEECH: ☒ Fluent ☐ Mumbling ☐ Shouting ☐ Refuses to Talk ☐ Other: \_\_\_\_\_

BEHAVIOR: ☐ Angry ☐ Crying ☒ Cooperative ☐ Happy ☐ Other: \_\_\_\_\_  
 DO YOU HAVE CURRENT THOUGHTS ABOUT SUICIDE? Yes ☐ No ☒  
 HAVE YOU EVER TRIED TO KILL YOURSELF? Yes ☐ No ☒

OFFENDER SIGNATURE: [Signature] DATE: 1-8-04

SCREENER SIGNATURE: [Signature] DATE: 1-8-04

#### IV. Review of Offender's Health Record

Date last PPD ☒ CXR ☐: 7-11-03 X-rays Rec'd: YES ☐ NO ☒ Meds Rec'd YES ☐ NO ☒  
 Health Problems: Chronic pain, anxiety, age, MH needs

Meds:	Rec'd <input type="checkbox"/>	Exp'd <input type="checkbox"/>	MD Reorder
<u>Phenoxetone 20mg - 2 q AM</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	MD Reorder

Treatments/Special Care/Follow-up/Diets/Appointments:

PHA FU & MH on 2-11-04  
Needs scheduled re-eval for MH FU

#### DISPOSITION OF OFFENDER:

No health care needs or immediate referrals to medical necessary ☐

Referral to Medical: Routine Follow-up ☐ Emergency Medical Services ☐  
 Referral to Mental Health: Routine Follow-up ☒ Emergency Mental Health Services ☐  
 Referral to Dental: Routine Follow-up ☐ Emergency Dental Services ☐

Restrictions: Housing \_\_\_\_\_ Discipline Restrictions: Yes ☐ No ☒  
 Work (III) #'s # 19, 20, 21

Nurse Signature/Date/Time: [Signature] 1-8-04/1430  
 Physician/Physician Extender Signature/Date/Time: [Signature] 1-8-04/1415

DISCHARGE PRESCRIPTIONS MANIFEST

NO: 01105538 NAME: MCCOLLUM, LARRY GENE

DATE: 01/07/2004

NO: 352500 FLUOXETINE 20MG CAPSULE  
DOSAGE: TAKE 2 CAPSULES DAILY

QTY: 20

DR. OROCOFSKY, OASAN

\*\*\* ALL EX-OFFENDERS ARE RESPONSIBLE FOR THEIR OVERALL CARE AND EXPENSES \*\*\*

INMATE SIGNATURE: \_\_\_\_\_

SOCIAL SERVICES WITNESS: \_\_\_\_\_

MEDICATION PASS

01/08/2004

C NO.: 01105538

IT: B

NAME: MCCOLLUM, LARRY GENE

HOUSING LOCATION: UNASGN

BED:

DRUG

FLUOXETINE 20MG CAPSULE

GIVE 2 TABS=40MG PO QAM X 30 DAYS

PRESCRIBER

ORCOFSKY, VASAN

START DT EXP DATE RENEW FINAL EXP

01/03/04 02/01/04 0 0 00/00/00

REGISTRATION PASS

01/07/2014

LOC NO.: 01195538  
UNIT: 57

NAME: RODOLPH, LARRY GENE  
HOUSING LOCATION: 5A1

1111 03

DRUG: FLEURBAINE 20MG CAPSULE  
PRESCRIBER: BRODOFFSKY, VASAN  
START DT: 01/03/04  
EXP DATE: 07/01/04  
RENEW: 0 0 00/00/00  
GIVE 2 TABS=40MG PO BID X 30 DAYS

McCollum, Larry ( )  
1105538

Page:

Consolidated

Date

## Master Problem List

BY:

No.	Problem Title	Date (1) Onset	Date (2) Active	Resolution of Problem (3) Date, Comment & Initials
1	T B Class	7/02		
2	P.E. Due	7/05		
3	Td Booster Due	Not Given		
4	1112 HIV High Risk Screening Completed	7/02		
5	N/A	prior		
6	Major Depressive Dis	prior		
7	Age	prior		
8	Graves	prior		
9	Chronic Low Back Pain	prior	7/1/02	(autofeared) 85
10	Admit to SVCM	01/10/03		
11	Admit to SVCM	1/24/03		
12		405.3		
13	TB Class	7/03		
14	Depressive Dis	7/27/03		
15	Admit to SVCM	11/25/03		
16				

1. "Date Onset" = Date when Evidence of the problem began.

2. "Date Active" = Date when the problem was recognized or formulated.

3. "Resolution" = Problem no longer considered active. MS Appd. 1004

MTH7775 /SV22/HS06

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATIONJUL 21  
2003NAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: SV HOUSING: 5A1-03  
JOB: UNASGN MENTAL HEALTHDOB: 04/04/1953 P U L H E S  
WGT: 290 LBS  
HGT: 0'00" |3|1|2|1|1|4|  
|E|A|B|A|A|P|  
|P| |P| | |T|  
-----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☐ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☒ D. PSYCHIATRIC CARE FACILITY
- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? X YES ☐ NO  
 SUITABLE FOR SAIP FACILITY? X YES ☐ NO

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
 PATIENT WITH LIKE MEDICAL CONDITION  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED  
☐ 2. PSYCHIATRICALY UNASSIGNED  
☐ 3. SEDENTARY WORK ONLY  
☐ 4. FOUR HOUR WORK RESTRICTION  
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION  
☐ 6. EXCUSE FROM SCHOOL  
☐ 7. LIMITED STANDING  
☐ 8. NO WALKING >      YARDS  
☐ 9. NO LIFTING >      LBS.  
☐ 10. NO BENDING AT WAIST  
☐ 11. NO SQUATTING  
☐ 12. NO CLIMBING  
☐ 13. LIMITED SITTING  
☐ 14. NO REACHING OVER SHOULDER  
☐ 15. NO FOOD SERVICE  
☐ 16. NO REPETITIVE USE OF HANDS  
☐ 17. NO WALKING ON WET UNEVEN SURFACES  
☐ 18. DO NOT ASSIGN TO MEDICAL  
☒ 19. NO WORK IN DIRECT SUNLIGHT  
☒ 20. NO TEMPERATURE EXTREMES  
☒ 21. NO HUMIDITY EXTREMES  
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANTS  
☐ 23. NO WORK WITH CHEMICALS OR IRRITANTS  
☐ 24. NO WORK REQUIRING SAFETY BOOTS  
☐ 25. NO WORK AROUND MACHINES WITH MOVING PARTS  
☐ 26. NO WORK EXPOSURE TO LOUD NOISES  
☐ 27. NO WORK REQUIRING COMPLEX INSTRUCTIONS

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☒ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☐ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☒ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

MEHARRY RNNP 12/24/2003  
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

HSM-18 (REV.07/01)

SCANNED

CARA30 00141/HS05

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION

04

NAME: MCCOLLUM, LARRY GENE  
 FDCJ#: 01105538 SID#: 03950494  
 UNIT: CL HOUSING: J1-016  
 JOB: JC UTILITY WORK SQUAD 05

DOR: 04/04/1953 P H I L E S  
 WGT: 290 LBS  
 HGT: 0'00" (311121111131  
 (E!A!B!A!A!A!N!  
 (P! (P! (P! (P!  
 -----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? ☒  
 SUITABLE FOR SAIP FACILITY? ☒

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
 PATIENT WITH LIKE MEDICAL CONDITION)  
☐ 5. CELL BLOCK ONLY

## B. RISK ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> 1. MEDICALLY UNASSIGNED                          | <input type="checkbox"/> 15. NO FOOD SERVICE                   |
| <input type="checkbox"/> 2. PSYCHIATRICAL UNASSIGNED                      | <input type="checkbox"/> 16. NO REPETITIVE USE OF HANDS        |
| <input type="checkbox"/> 3. SEDENTARY WORK ONLY                           | <input type="checkbox"/> 17. NO WALKING ON WET UNEVEN SURFACE  |
| <input type="checkbox"/> 4. FOUR HOUR WORK RESTRICTION                    | <input type="checkbox"/> 18. DO NOT ASSIGN TO MEDICAL          |
| <input type="checkbox"/> 5. <del>FOUR HOUR LIMITED WORK RESTRICTION</del> | <input type="checkbox"/> 19. NO WORK IN DIRECT SUNLIGHT        |
| <input type="checkbox"/> 6. EXCUSE FROM SCHOOL                            | <input type="checkbox"/> 20. NO TEMPERATURE EXTREMES           |
| <input type="checkbox"/> 7. LIMITED STANDING                              | <input type="checkbox"/> 21. NO HUMIDITY EXTREMES              |
| <input type="checkbox"/> 8. NO WALKING > ___ YARDS                        | <input type="checkbox"/> 22. NO EXPOSURE TO ENVIRONMENTAL POL. |
| <input type="checkbox"/> 9. NO LIFTING > ___ LBS.                         | <input type="checkbox"/> 23. NO WORK WITH CHEMICALS OR IRRITA  |
| <input type="checkbox"/> 10. NO BENDING AT WAIST                          | <input type="checkbox"/> 24. NO WORK REQUIRING SAFETY BOOTS    |
| <input type="checkbox"/> 11. NO SQUATTING                                 | <input type="checkbox"/> 25. NO WORK AROUND MACHINES WITH MOV  |
| <input type="checkbox"/> 12. NO CLIMBING                                  | <input type="checkbox"/> 26. NO WORK EXPOSURE TO LOUD NOISES   |
| <input type="checkbox"/> 13. LIMITED SITTING                              | <input type="checkbox"/> 27. NO WORK REQUIRING COMPLEX INSTRU  |
| <input type="checkbox"/> 14. NO REACHING OVER SHOULDER                    |  |

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☒ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION ☐ C. PSYCH REPRESENTATIVE REQUIRED  
☐ B. MEDICAL REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION ☐ C. WHEELCHAIR VAN  
☐ B. EMS AMBULANCE ☐ D. VAN (SOUTHERN REGION ONLY)

APPROX. BLACK, CEMP HEALTH ART 04/21/2003  
 APPROX. NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER



PCRB30 / CLM1/HS06

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATIONNAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: CL HOUSING: J1-016  
JOB: JC UTILITY WORK SQUAD 05DOB: 04/04/1953 P H L H E S  
WGT: 290 LBS  
HGT: 0'00" 1311121111131  
1E1A1B1A1A1N1  
1P1 1P1 1 1T1  
-----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? ☒  
 SUITABLE FOR SAIP FACILITY? ☒

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
 PATIENT WITH LIKE MEDICAL CONDITION)  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> 1. MEDICALLY UNASSIGNED               | <input type="checkbox"/> 15. NO FOOD SERVICE                             |
| <input type="checkbox"/> 2. PSYCHIATRICALY UNASSIGNED          | <input type="checkbox"/> 16. NO REPETITIVE USE OF HANDS                  |
| <input type="checkbox"/> 3. SEDENTARY WORK ONLY                | <input checked="" type="checkbox"/> 17. NO WALKING ON WET UNEVEN SURFACE |
| <input type="checkbox"/> 4. FOUR HOUR WORK RESTRICTION         | <input type="checkbox"/> 18. DO NOT ASSIGN TO MEDICAL                    |
| <input type="checkbox"/> 5. FOUR HOUR LIMITED WORK RESTRICTION | <input type="checkbox"/> 19. NO WORK IN DIRECT SUNLIGHT                  |
| <input type="checkbox"/> 6. EXCUSE FROM SCHOOL                 | <input type="checkbox"/> 20. NO TEMPERATURE EXTREMES                     |
| <input type="checkbox"/> 7. LIMITED STANDING                   | <input type="checkbox"/> 21. NO HUMIDITY EXTREMES                        |
| <input checked="" type="checkbox"/> 8. NO WALKING > 800 YARDS  | <input type="checkbox"/> 22. NO EXPOSURE TO ENVIRONMENTAL POI            |
| <input checked="" type="checkbox"/> 9. NO LIFTING > 050 LBS.   | <input type="checkbox"/> 23. NO WORK WITH CHEMICALS OR IRRITA            |
| <input type="checkbox"/> 10. NO BENDING AT WAIST               | <input type="checkbox"/> 24. NO WORK REQUIRING SAFETY BOOTS              |
| <input type="checkbox"/> 11. NO SQUATTING                      | <input type="checkbox"/> 25. NO WORK AROUND MACHINES WITH MOV            |
| <input checked="" type="checkbox"/> 12. NO CLIMBING            | <input type="checkbox"/> 26. NO WORK EXPOSURE TO LOUD NOISES             |
| <input type="checkbox"/> 13. LIMITED SITTING                   | <input type="checkbox"/> 27. NO WORK REQUIRING COMPLEX INSTRU            |
| <input type="checkbox"/> 14. NO REACHING OVER SHOULDER         |  |

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☒ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☐ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

LARRY DAVE MD HEALTH APT 03/14/2003  
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

Plaintiffs' MSJ Appx. 907

ISAB830 /CLM1/HS09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION

62

NAME: MCCOLLUM, LARRY GENE  
 TDCJ#: 01105538 SID#: 03950494  
 UNIT: CL HOUSING: J1-016  
 JOB: JC UTILITY WORK SQUAD 05

DOB: 04/04/1953 P U L H E S  
 WGT: 290 LBS -----  
 HGT: 0'00" 1311121111131  
 1E1A1B1A1A1N1  
 1P1 1P1 1 1T1  
 -----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT?  
 SUITABLE FOR SAIP FACILITY?

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
 PATIENT WITH LIKE MEDICAL CONDITION  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☐ 1. NO RESTRICTION  
 60 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED  
☐ 2. PSYCHIATRICALY UNASSIGNED  
☐ 3. SEDENTARY WORK ONLY  
☐ 4. FOUR HOUR WORK RESTRICTION  
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION  
☐ 6. EXCUSE FROM SCHOOL  
 60 7. LIMITED STANDING  
 60 8. NO WALKING > 800 YARDS  
 60 9. NO LIFTING > 025 LBS.  
☐ 10. NO BENDING AT WAIST  
☐ 11. NO SQUATTING  
 60 12. NO CLIMBING  
☐ 13. LIMITED SITTING  
☐ 14. NO REACHING OVER SHOULDER  
☐ 15. NO FOOD SERVICE  
☐ 16. NO REPETITIVE USE OF HANDS  
 60 17. NO WALKING ON WET UNEVEN SURFACE  
☐ 18. NO NOT ASSIGN TO MEDICAL  
☐ 19. NO WORK IN DIRECT SUNLIGHT  
☐ 20. NO TEMPERATURE EXTREMES  
☐ 21. NO HUMIDITY EXTREMES  
☐ 22. NO EXPOSURE TO ENVIRONMENTAL PO  
☐ 23. NO WORK WITH CHEMICALS OR IRRIT  
☐ 24. NO WORK REQUIRING SAFETY BOOTS  
☐ 25. NO WORK AROUND MACHINES WITH MO  
☐ 26. NO WORK EXPOSURE TO LOUD NOISES  
☐ 27. NO WORK REQUIRING COMPLEX INSTR

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☐ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY  
 60 C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☐ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

LARRY DAVE, M.D. HEALTH APT 02/28/2003  
 PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

TAS-180 REV. 07/011

ISA8830 /CLM1/HS09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATIONNAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: CL HOUSING: X-11  
JOB: JC TRANSIENTDOB: 04/04/1953 P U L H E S  
WGT: 290 LBS  
HGT: 0'00" !3! !1! !1! !1! !3!  
!E!A!B!A!A!N!  
!P! !P! ! !T!  
-----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT?  
 SUITABLE FOR SAIP FACILITY?

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
 PATIENT WITH LIKE MEDICAL CONDITION)  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☐ 1. NO RESTRICTION  
☐ 30 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> 1. MEDICALLY UNASSIGNED               | <input type="checkbox"/> 15. NO FOOD SERVICE                           |
| <input type="checkbox"/> 2. PSYCHIATRICAL UNASSIGNED           | <input type="checkbox"/> 16. NO REPETITIVE USE OF HANDS                |
| <input type="checkbox"/> 3. SEDENTARY WORK ONLY                | <input type="checkbox"/> 30 17. NO WALKING ON WET UNEVEN SURFACE       |
| <input type="checkbox"/> 4. FOUR HOUR WORK RESTRICTION         | <input type="checkbox"/> 18. DO NOT ASSIGN TO MEDICAL                  |
| <input type="checkbox"/> 5. FOUR HOUR LIMITED WORK RESTRICTION | <input type="checkbox"/> 19. NO WORK IN DIRECT SUNLIGHT                |
| <input type="checkbox"/> 6. EXCUSE FROM SCHOOL                 | <input type="checkbox"/> 30 20. NO TEMPERATURE EXTREMES                |
| <input type="checkbox"/> 30 7. LIMITED STANDING                | <input type="checkbox"/> 00 21. NO HUMIDITY EXTREMES                   |
| <input type="checkbox"/> 30 8. NO WALKING > 800 YARDS          | <input type="checkbox"/> 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANTS   |
| <input type="checkbox"/> 30 9. NO LIFTING > 025 LBS.           | <input type="checkbox"/> 23. NO WORK WITH CHEMICALS OR IRRITANTS       |
| <input type="checkbox"/> 10. NO BENDING AT WAIST               | <input type="checkbox"/> 24. NO WORK REQUIRING SAFETY BOOTS            |
| <input type="checkbox"/> 11. NO SQUATTING                      | <input type="checkbox"/> 25. NO WORK AROUND MACHINES WITH MOVING PARTS |
| <input type="checkbox"/> 30 12. NO CLIMBING                    | <input type="checkbox"/> 26. NO WORK EXPOSURE TO LOUD NOISES           |
| <input type="checkbox"/> 13. LIMITED SITTING                   | <input type="checkbox"/> 27. NO WORK REQUIRING COMPLEX INSTRUMENTATION |
| <input type="checkbox"/> 14. NO REACHING OVER SHOULDER         |  |

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☐ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION  
☒ 00 C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☐ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

Plaintiffs' MSJ Appx. 909

BILLY D. BURLESON PSYCH 02/20/2003

NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

JSAB830 /CLM1/HS09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION

NAME: MCCOLLUM, LARRY GENE  
 TDCJ#: 01105538 SID#: 03950494  
 UNIT: CL HOUSING: J7-044  
 JOB: JC UTILITY WORK SQUAD 05

DOR: 04/04/1953 P U L H E S  
 WGT: 290 LBS -----  
 HGT: 0'00" 1311121111131  
 1E1A1B1A1A1N1  
 1P1 1P1 1 1T1  
 -----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION  
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☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT?  
 SUITABLE FOR SAIP FACILITY?

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
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 PATIENT WITH LIKE MEDICAL CONDITION  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☐ 1. NO RESTRICTION  
☐ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- |  |   |
|--|---|
| <input type="checkbox"/> 1. MEDICALLY UNASSIGNED               | <input type="checkbox"/> 15. NO FOOD SERVICE                  |
| <input type="checkbox"/> 2. PSYCHIATRICAL UNASSIGNED           | <input type="checkbox"/> 16. NO REPETITIVE USE OF HANDS       |
| <input type="checkbox"/> 3. SEDENTARY WORK ONLY                | <input type="checkbox"/> 17. NO WALKING ON WET UNEVEN SURFACE |
| <input type="checkbox"/> 4. FOUR HOUR WORK RESTRICTION         | <input type="checkbox"/> 18. NO NOT ASSIGN TO MEDICAL         |
| <input type="checkbox"/> 5. FOUR HOUR LIMITED WORK RESTRICTION | <input type="checkbox"/> 19. NO WORK IN DIRECT SUNLIGHT       |
| <input type="checkbox"/> 6. EXCUSE FROM SCHOOL                 | <input type="checkbox"/> 20. NO TEMPERATURE EXTREMES          |
| <input type="checkbox"/> 7. LIMITED STANDING                   | <input type="checkbox"/> 21. NO HUMIDITY EXTREMES             |
| <input type="checkbox"/> 8. NO WALKING > 800 YARDS             | <input type="checkbox"/> 22. NO EXPOSURE TO ENVIRONMENTAL POI |
| <input type="checkbox"/> 9. NO LIFTING > 025 LBS.              | <input type="checkbox"/> 23. NO WORK WITH CHEMICALS OR IRRITA |
| <input type="checkbox"/> 10. NO BENDING AT WAIST               | <input type="checkbox"/> 24. NO WORK REQUIRING SAFETY BOOTS   |
| <input type="checkbox"/> 11. NO SQUATTING                      | <input type="checkbox"/> 25. NO WORK AROUND MACHINES WITH MOV |
| <input type="checkbox"/> 12. NO CLIMBING                       | <input type="checkbox"/> 26. NO WORK EXPOSURE TO LOUD NOISES  |
| <input type="checkbox"/> 13. LIMITED SITTING                   | <input type="checkbox"/> 27. NO WORK REQUIRING COMPLEX INSTRU |
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## IV. DISCIPLINARY PROCESS (CHECK ONE)

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☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

BARRY RAFF, M.D. HEALTH AUT 01/23/2003  
 PRINTED NAME AND TITLE OF REVIEWER DATE

-----  
 SIGNATURE OF REVIEWER

HSM-18 (REV. 07/01)

ISA8830 /CLM1/HS05

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION

06

NAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: CL HOUSING: J7-044  
JOB: JC UTILITY WORK SQUAD 05DOB: 04/04/1953 P U L H E S  
WGT: 290 LBS  
HGT: 0'00" 1311121111131  
1E1A1B1A1A1A1  
1P1 1P1 1 1T1  
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☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT?  
 SUITABLE FOR SAIP FACILITY? X

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- ☐ 1. NO RESTRICTION  
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☐ 10. NO BENDING AT WAIST  
☐ 11. NO SQUATTING  
☐ 12. NO CLIMBING  
☐ 13. LIMITED SITTING  
☐ 14. NO REACHING OVER SHOULDER

- ☐ 15. NO FOOD SERVICE  
☐ 16. NO REPETITIVE USE OF HANDS  
☐ 17. NO WALKING ON WET UNEVEN SURFACE  
☐ 18. NO NOT ASSIGN TO MEDICAL  
☐ 19. NO WORK IN DIRECT SUNLIGHT  
☐ 20. NO TEMPERATURE EXTREMES  
☐ 21. NO HUMIDITY EXTREMES  
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☐ 23. NO WORK WITH CHEMICALS OR IRRITA  
☐ 24. NO WORK REQUIRING SAFETY BOOTS  
☐ 25. NO WORK AROUND MACHINES WITH MOV  
☐ 26. NO WORK EXPOSURE TO LOUD NOISES  
☐ 27. NO WORK REQUIRING COMPLEX INSTR

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☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

BARRY RAFF, MD HEALTH ATH 08/26/2002  
PRINTED NAME AND TITLE OF REVIEWER MSJ APP 911

SIGNATURE OF REVIEWER







TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION  
HEALTH SERVICES

ABSTRACT OF IMMUNIZATIONS  
TUBERCULIN SKIN TESTS

NAME: McCollum, LarryTDCJ-ID#: 1105538UNIT: 24

MANTOUX P.P.D.				
DATE GIVEN	MFG/LOT #	DATE READ	MILLIMETERS OF INDURATION	SIGNATURE/TITLE
7/2/02	Parke-Life	7-402	0mm	
7-10-02	02461P	7/20/02	0mm	
7/14/03	4536261	7/16/03	0mm	

TETANUS TOXOID VACCINATION & DIPHTHERIA				
DATE GIVEN	MFG/LOT #	DOSE	REACTION	SIGNATURE/TITLE

TETANUS BOOSTERS				
DATE GIVEN	MFG/LOT #	DOSE	REACTION	SIGNATURE/TITLE

OTHER VACCINATIONS					
DATE GIVEN	MFG/LOT #	DOSE	TYPE	REACTION	SIGNATURE/TITLE
7/2/02	Engel	1cc	Heb #1	OK	
5/16/02	5291M	1cc	Heb #1	OK	
10/24/02	5351M	1cc	Heb #1	OK	



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## TUBERCULOSIS HISTORY AND CLASSIFICATION

1. Age 49
2. PPD 10 mm Date 7/4/02
3. Chest x-ray: Within normal limits \_\_\_\_\_ Abnormal \_\_\_\_\_ Date \_\_\_\_\_
4. ☒ History of previous exposure to TB
 

Name _____	Start Date _____	End Date _____
Name _____	Start Date _____	End Date _____
Name _____	Start Date _____	End Date _____
5. \_\_\_\_\_ History of chemoprophylaxis
 

Start date _____	End date _____	# months continuous treatment _____
------------------	----------------	-------------------------------------
6. \_\_\_\_\_ History of chemotherapy
 

Start date _____	End date _____	# months continuous treatment _____
------------------	----------------	-------------------------------------
7. \_\_\_\_\_ Prolonged steroid therapy
- \_\_\_\_\_ Prolonged immunosuppressive therapy
9. \_\_\_\_\_ Reticuloendothelial or hematologic diseases, such as leukemia and/or Hodgkin's Disease
10. \_\_\_\_\_ Diabetes Mellitus
11. \_\_\_\_\_ Silicosis
12. \_\_\_\_\_ Post-gastrectomy or other clinical situations associated with malnourishment
13. \_\_\_\_\_ Chronic hemodialysis
14. \_\_\_\_\_ Acute hepatitis
15. \_\_\_\_\_ HIV seropositive
16. \_\_\_\_\_ Prior IV drug abuse
17. ☒ Male to male sexual contact

- ☒ Class 0: No TB exposure, not infected
- \_\_\_\_\_ Class 1: TB exposure, no infection
- \_\_\_\_\_ Class 2: TB infection, without disease
- \_\_\_\_\_ Class 3: TB, current disease
- \_\_\_\_\_ Class 4: TB, no current disease
- \_\_\_\_\_ Class 5: TB suspect

INMATE NAME: McClum, LarryTDCJ-ID #: 1105530

**TDCJ HEALTH SERVICES  
PRE-SEGREGATION/PSYCHIATRIC PRE-CRISIS MANAGEMENT  
HEALTH EVALUATION**

CL FACILITY

**HISTORY FROM MEDICAL RECORD**

OFFENDER NAME McCOLLUM, LARRY TDCJ# 1105538 DOB 04-04-53  
 ALLERGIES: NKA PRESENTLY ON MEDS: YES / NO  
 PULSES: P 3EP / L 2BP / S 3NT / 4HE ALL 1A HOLDS: MED: \_\_\_\_\_ MENTAL HEALTH: \_\_\_\_\_ MROP: \_\_\_\_\_ PHOP: \_\_\_\_\_  
 CHRONIC CLINICS: NONE  
 WEIGHT: 236# TEMP: 99° PULSE: 89 RESP: 20 B/P: 154/89  
 SPECIAL DIET: NONE

**CIRCLE APPROPRIATE RESPONSE****PHYSICAL OBSERVATIONS****GENERAL APPEARANCE**

CLEAN NEAT DIRTY DISHEVELED  
 SKIN

1. Turgor Good/Poor
2. Lacerations Yes / No
3. Contusions Yes / No
4. Bruises Yes / No

**RESPIRATORY**

1. Breath Sounds Clear / Wheezing
2. Dyspnea Yes / No
3. Cough / Congestion Yes / No

**CARDIOVASCULAR**

1. Rhythm Regular / Irregular
2. Edema Yes / No
3. Chest Pain Yes / No
4. Bleeding Tendencies Yes / No

**GASTROINTESTINAL**

1. Distention Yes / No
2. Constipation / Diarrhea Yes / No
3. Nausea / Vomiting Yes / No
4. Abdominal Pain Yes / No

**GENITOURINARY**

1. Flank Pain Yes / No
2. Burning / Frequency Urination Yes / No
3. Discharge Yes / No

**GYN**

1. Pregnant Yes / No N/A
2. Menses Yes / No N/A

**COMMENTS REQUIRED ON ABNORMALITIES:**

- 3" x 1" abrasion ↑ (chest)  
 - no bleeding (dried blood to nares)

1. Headache/Dizziness Yes / No
2. Speech Normal / Slurred
3. Pupils Equal / Unequal

4. Gait Reactive / Non-Reactive

Normal / Abnormal

**PSYCHIATRIC**

1. Orientation Person / Place / Time
2. Coherence of Thought Processes Organized / Disorganized
3. Emotional State Logic / Illogical
4. Suicide Risk Assessment Obsessive / Delusional

**MUSCULOSKELETAL**

Range of Motion

1. Upper Extremities Normal / Limited
2. Lower Extremities Normal / Limited

**CLEARED FOR SEGREGATION  
 MEDICALLY CLEARED FOR CRISIS  
 MANAGEMENT**

Yes / No  
Yes / No

**REFERRED FOR FURTHER EVALUATION**

Mental Health Services \_\_\_\_\_ M.D. \_\_\_\_\_

EXAMINER: J. Hume TITLE: RA  
 DATE: 03-22-03 TIME: 0500 (AM/PM)

ALL FORMS MUST BE COUNTERSIGNED WITHIN SEVENTY-TWO HOURS.

PHYSICIAN/PHYSICIAN EXTENDER

DATE/TIME

LTD

**TDCJ HEALTH SERVICES**  
**PRE-SEGREGATION/PSYCHIATRIC PRE-CRISIS MANAGEMENT**  
**HEALTH EVALUATION**

Cole FACILITY

**HISTORY FROM MEDICAL RECORD**

OFFENDER NAME McCollum, Gary TDCJ# 1105538 DOB 4-4-53  
 ALLERGIES: NKA PRESENTLY ON MEDS: YES / NO  
 PULSES: 3EP 1AP 2BP 1AP → 3NT HOLDS: MED: 0 MENTAL HEALTH: 0 MROP: 0 PHOP: 0  
 CHRONIC CLINICS: 0  
 WEIGHT: 240 TEMP: 98.5 PULSE: 66 RESP: 20 B/P: 149/87  
 SPECIAL DIET: 0

**CIRCLE APPROPRIATE RESPONSE****PHYSICAL OBSERVATIONS****GENERAL APPEARANCE**

CLEAN NEAT DIRTY DISHEVELED  
 SKIN

1. Turgor Good/Poor  
 2. Lacerations Yes/No  
 3. Contusions Yes/No  
 4. Bruises Yes/No

**RESPIRATORY**

1. Breath Sounds Clear/Wheezing  
 2. Dyspnea Yes/No  
 3. Cough / Congestion Yes/No

**CARDIOVASCULAR**

1. Rhythm Regular / Irregular  
 2. Edema Yes/No  
 3. Chest Pain Yes/No  
 4. Bleeding Tendencies Yes/No

**GASTROINTESTINAL**

1. Distention Yes/No  
 2. Constipation / Diarrhea Yes/No  
 3. Nausea / Vomiting Yes/No  
 4. Abdominal Pain Yes/No

**GENITOURINARY**

1. Flank Pain Yes/No  
 2. Burning / Frequency Urination Yes/No  
 3. Discharge Yes/No

**GYN**

1. Pregnant Yes/No  
 2. Menses Yes/No

**COMMENTS REQUIRED ON ABNORMALITIES:**

NONE

1. Headache/Dizziness Yes/No  
 2. Speech Normal/Slurred  
 3. Pupils Equal/Unequal  
 4. Gait Reactive/Non-Reactive  
Normal/Abnormal

**PSYCHIATRIC**

1. Orientation Person/Place/Time  
 2. Coherence of Thought Processes Organized/Disorganized  
Logic/Illlogical  
 3. Emotional State Obsessive/Delusional  
Social Withdrawn  
Agitated/Listless  
Anxious/Fearful  
Negative/Childlike  
 4. Suicide Risk Assessment suicide threat/attempt  
self-mutilation  
no suicidal ideations

**MUSCULOSKELETAL**

- Range of Motion  
 1. Upper Extremities Normal/Limited  
 2. Lower Extremities Normal/Limited

**CLEARED FOR SEGREGATION**  
**MEDICALLY CLEARED FOR CRISIS**  
**MANAGEMENT**

**REFERRED FOR FURTHER EVALUATION**

Mental Health Services \_\_\_\_\_ M.D. \_\_\_\_\_

EXAMINER: P. McQuarrie TITLE: PM  
 DATE: 2-18-03 TIME: 1550 AM/PM

ALL FORMS MUST BE COUNTERSIGNED WITHIN SEVENTY-TWO HOURS.

Wendy B. Blaw NW, CO  
 PHYSICIAN/PHYSICIAN EXTENDER

Plaintiffs' MSJ App 2970 03:13 20

DATE/TIME

**TDCJ HEALTH SERVICES  
PRE-SEGREGATION/PSYCHIATRIC PRE-CRISIS MANAGEMENT  
HEALTH EVALUATION**

CL FACILITY

**HISTORY FROM MEDICAL RECORD**

OFFENDER NAME McCollum, LARRY TDCJ# 1105538 DOB 4-4-53  
 ALLERGIES: NKA PRESENTLY ON MEDS: YES / NO  
 PULSES: P3EP/4HE 1A / L 2BP/5A3NT HOLDS: MED: \_\_\_\_\_ MENTAL HEALTH: \_\_\_\_\_ MROP: \_\_\_\_\_ PHOP: \_\_\_\_\_  
 CHRONIC CLINICS: \_\_\_\_\_  
 WEIGHT 248 TEMP: 97.3 PULSE: 96 RESP: 20 B/P: 139 / 87  
 SPECIAL DIET: NO

**CIRCLE APPROPRIATE RESPONSE****PHYSICAL OBSERVATIONS****GENERAL APPEARANCE**

CLEAN NEAT DIRTY DISHEVELED  
 SKIN

1. Turgor Good / Poor  
 2. Lacerations Yes / No JH  
 3. Contusions Yes / No  
 4. Bruises Yes / No

**RESPIRATORY**

1. Breath Sounds Clear / Wheezing  
 2. Dyspnea Yes / No  
 3. Cough / Congestion Yes / No

**CARDIOVASCULAR**

1. Rhythm Regular / Irregular  
 2. Edema Yes / No  
 3. Chest Pain Yes / No  
 4. Bleeding Tendencies Yes / No

**GASTROINTESTINAL**

1. Distention Yes / No  
 2. Constipation / Diarrhea Yes / No  
 3. Nausea / Vomiting Yes / No  
 4. Abdominal Pain Yes / No

**GENITOURINARY**

1. Flank Pain Yes / No  
 2. Burning / Frequency Urination Yes / No  
 3. Discharge Yes / No

**GYN**

1. Pregnant Yes / No NA  
 2. Menses Yes / No NA

1. Headache/Dizziness Yes / No  
 2. Speech Normal / Slurred  
 3. Pupils Equal / Unequal  
 4. Gait Reactive / Non-Reactive  
Normal / Abnormal

**PSYCHIATRIC**

1. Orientation Person / Place / Time  
 2. Coherence of Thought Processes Organized / Disorganized  
Logic / Illogical  
Obsessive / Delusional  
Social Withdrawn  
Agitated / Listless  
Anxious / Fearful  
Negative / Childlike  
 3. Emotional State suicide threat/ attempt  
self-mutilation  
no suicidal ideations  
 4. Suicide Risk Assessment

**MUSCULOSKELETAL**

- Range of Motion curts  
 1. Upper Extremities Normal / Limited  
 2. Lower Extremities Normal / Limited

**CLEARED FOR SEGREGATION**

Yes / No

**MEDICALLY CLEARED FOR CRISIS  
MANAGEMENT**Yes / No**REFERRED FOR FURTHER EVALUATION**

Mental Health Services \_\_\_\_\_ M.D. \_\_\_\_\_

EXAMINER: J. Hime TITLE: RN  
 DATE: 1-24-03 TIME: 1635 AM/PM PM

ALL FORMS MUST BE COUNTERSIGNED WITHIN SEVENTY-TWO HOURS.

X Marie B. V. Balle RW, CA  
 PHYSICIAN/PHYSICIAN EXTENDER

**COMMENTS REQUIRED ON ABNORMALITIES:**

MAJOR DEPRESSION - DETERIORATION  
HEALING SORES TO 3 FINGERTIPS & drainage  
or redness

Plaintiffs' MSJ Appx 912-603:1400

DATE/TIME

**TDCJ HEALTH SERVICES  
PRE-SEGREGATION/PSYCHIATRIC PRE-CRISIS MANAGEMENT  
HEALTH EVALUATION**

COG 6934 FACILITY

**HISTORY FROM MEDICAL RECORD**

OFFENDER NAME McCormick Larry TDCJ# 1105538 DOB 4-4-53  
 ALLERGIES: NKA PRESENTLY ON MEDS: YES / NO  
 PULSES: P-38p HOLDS: MED: --- MENTAL HEALTH: --- MROP: --- PHOP: ---  
 CHRONIC CLINICS: ---  
 WEIGHT: 240 TEMP: 98.2 PULSE: 96 RESP: 20 B/P: 148 / 110  
 SPECIAL DIET: None

**CIRCLE APPROPRIATE RESPONSE****PHYSICAL OBSERVATIONS****GENERAL APPEARANCE**

CLEAN SKIN NEAT DIRTY DISHEVELED

1. Turgor Good/Poor  
 2. Lacerations Yes/No  
 3. Contusions Yes/No  
 4. Bruises Yes/No

**RESPIRATORY**

1. Breath Sounds Clear/Whizzing  
 2. Dyspnea Yes/No  
 3. Cough / Congestion Yes/No

**CARDIOVASCULAR**

1. Rhythm Regular/Irregular  
 2. Edema Yes/No  
 3. Chest Pain Yes/No  
 4. Bleeding Tendencies Yes/No

**GASTROINTESTINAL**

1. Distention Yes/No  
 2. Constipation / Diarrhea Yes/No  
 3. Nausea / Vomiting Yes/No  
 4. Abdominal Pain Yes/No

**GENITOURINARY**

1. Flank Pain Yes/No  
 2. Burning / Frequency Urination Yes/No  
 3. Discharge Yes/No

**GYN**

1. Pregnant N/A Yes/No  
 2. Menses N/A Yes/No

1. Headache/Dizziness Yes/No  
 2. Speech Normal/Slurred  
 3. Pupils Equal/Unequal  
 4. Gait Reactive/Non-Reactive  
Normal/Abnormal

**PSYCHIATRIC**

1. Orientation Person/Place/Time  
 2. Coherence of Thought Processes Organized/Disorganized  
Logic/Illlogical  
Obsessive/Delusional  
Social Withdrawn  
Agitated/Listless  
Anxious/Fearful  
Negative/Childlike  
 3. Emotional State suicide threat/attempt  
self-mutilation  
no suicidal ideations  
"Confused"  
offensive  
 4. Suicide Risk Assessment

**MUSCULOSKELETAL**

- Range of Motion  
 1. Upper Extremities Normal/Limited  
 2. Lower Extremities Normal/Limited

**CLEARED FOR SEGREGATION** Yes/No

**MEDICALLY CLEARED FOR CRISIS MANAGEMENT** Yes/No

**REFERRED FOR FURTHER EVALUATION**

Mental Health Services \_\_\_\_\_ M.D. \_\_\_\_\_

EXAMINER: [Signature] TITLE: LWN  
 DATE: 4-10-03 TIME: 0935 AM/PM

ALL FORMS MUST BE COUNTERSIGNED WITHIN SEVENTY-TWO HOURS.

PHYSICIAN/PHYSICIAN EXTENDER

DATE/TIME

**COMMENTS REQUIRED ON ABNORMALITIES:**

Side tongue lacer. 1-5-03-  
on 4-6-03 tongue was sutured / dentist

offensive still - stitches started Plaintiff's MSJ Appx. 919

out - mon - a lot of tongue appear  
 USM 14/Rev 10/00

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION  
HEALTH SERVICES

(Patient I.D.)

**REPORT OF PHYSICAL EXAMINATION**

OCCUPATION:

HT: 70 WT: 290 TEMP: 99.0 PULSE: 98 RESP: 20

<b>VISUAL ACUITY:</b> RT. 20/ <u>30</u> CORR: to 20/ <u>25</u> LT. 20/ <u>20</u> CORR: to 20/ <u>20</u>	<b>AUDITORY ACUITY</b> RT. WV <u>15</u> SV <u>15</u> LT. WV <u>15</u> SV <u>15</u>	<b>SCREENING</b> <u>120/84</u> SYS: <u>120/84</u> DIAS: <u>84</u>	<b>VALIDATION</b> SYS: <u>      </u> DIAS: <u>      </u>
---	--	---	--

**REMARKS (Vision & Hearing)**

*No Hx HTN - taken HCTE - for edema  
knees, low back recent lost 30 lb - good feed*

**CLINICAL EVALUATION**

1. HEAD and NECK
2. EYES
3. ENT
4. DENTAL
5. CHEST, BREAST
6. CARDIOVASCULAR
7. HEMOPOIETIC/LYMPHATIC
8. ABDOMEN
9. GASTROINTESTINAL
10. ENDOCRINE/METABOLIC
11. NUTRITIONAL
12. UPPER EXTREMITIES
13. SPINE
14. LOWER EXTREMITIES
15. SKIN
16. RECTAL, GU
17. OB-GYN (PELVIC)
18. NEUROLOGIC
19. PSYCHIATRIC
20. COMMENTS ON AVAILABLE LABORATORY DATA:
21. COMMENTS ON CURRENT MEDICAL REGIMENS:
22. OTHERS:

**NOTES:** DESCRIBE EVERY ABNORMALITY IN DETAIL.  
CLARITY IN DESCRIPTION OF CLINICAL PICTURE NEEDED.

*forward bends 90°**no edema**WAL*

<b>REMARKS:</b> <i>age 49, Gross obesity</i>	Designators Codes Modifiers	P	U	L	H	E	S
<i>chronic low back pain</i>		3	1	2	1	—	—
		E	A	B	A	—	—
		P	—	P	—	—	—

**PAUL F. MILLS, D.O.**

CLINICIAN'S SIGNATURE

Plaintiffs' MSJ Appx. 920

DATE:

TIME:



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION  
HEALTH SERVICES

Patient I.D.

**MEDICAL HISTORY****I. IDENTIFICATION**

Occupation Waste Transfer Operator Education 12 Religion No Denom  
DOB 4-4-53 County MCLENNAN Previous TDCJ#

**II. FAMILY HISTORY (Father, Mother, Brothers, Sisters)**

WHO?	YES	NO	WHO?	YES	NO
1. Diabetes <u>Father</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Hepatitis or Liver Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Smoker	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Heart Disease <u>Father</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Kidney Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. High Blood Pressure <u>Father</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Peptic Ulcers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cancer <u>Father 2 brothers</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Rheumatism/Arthritis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Blood Disease (sickle cell anemia, hemophilia, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Non Intravenous Drug Abuse/Alcoholism	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**III. PERSONAL HISTORY**

1. Heart Disease/Angina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Intravenous Drug Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. High Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. Glasses/Hearing Aid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21. Sexually Transmitted Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Drug Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. INH Prophylaxis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Tetanus Immunization DATE: <u>94</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24. Prior HIV Test <u>NEG 94</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Asthma/Emphysema	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25. Homosexual/Bisexual Activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Unprotected Sex with Multiple Partners	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Back Injury/Surgery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Other	<input type="checkbox"/>	<input type="checkbox"/>

**OBSTETRIC / GYNECOLOGICAL HISTORY**

10. Rheumatic Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Date of last menstrual period:	
11. Mental Illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Number of pregnancies:	
12. Blood Disease (sickle cell anemia, hemophilia, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Number of live births:	
			4. Date of last pap smear:	
			5. Date of last mammogram:	
			6. History of birth control methods (Pills, IUD, Diaphragm, etc.):	

**IV. HISTORY OF HOSPITALIZATIONS / CHRONIC ILLNESSES (Additional space on back)**

Date	Hospital/Physician	Condition/Diagnosis

Date: 7-2-02

Plaintiffs' MSJ Appx 921

Signature of Offender: [Signature]Signature of Reviewer: [Signature]

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
**RECEIVING SCREENING REPORT**

A. NAME McCollum, Larry  
COUNTY McPherson, CO

TDCJ NO. \_\_\_\_\_  
D.O.B. 4-4-53

B. HAVE YOU EVER BEEN TREATED FOR:

1. Asthma	YES	<u>NO</u>
2. Heart Trouble	YES	<u>NO</u>
3. High Blood Pressure	YES	<u>NO</u>
4. Diabetes	YES	<u>NO</u>
5. Seizures	YES	<u>NO</u>
6. Drug Addiction	YES	<u>NO</u>
7. Alcoholism	YES	<u>NO</u>
8. Mental Illness	YES	<u>NO</u>
9. Allergies	YES	<u>NO</u>

10. Infectious/Communicable Diseases:	YES	<u>NO</u>
Hepatitis	YES	<u>NO</u>
STD's (Venereal Disease)	YES	<u>NO</u>
HIV (Test)	YES	<u>NO</u>
Positive	YES	<u>NO</u>
Tuberculosis	YES	<u>NO</u>
11. Pregnant	YES	<u>NO</u>

C. IF YES TO ANY OF THE ABOVE, GIVE DATE AND TREATMENT RECEIVED:

D. DO YOU HAVE ANY CURRENT MEDICAL OR DENTAL PROBLEMS THAT NEED ATTENTION NOW? YES NO  
IF YES; WHAT: Pressure/Back

E. HAVE YOU EXPERIENCED ANY OF THESE SYMPTOMS? COUGH, WEAKNESS, WEIGHT LOSS, FEVERS, NIGHT SWEATS, LOSS OF APPETITE OR LETHARGY? YES NO  
IF YES, WHEN? states WTV 30 lbs in 1 mo

F. ARE YOU PRESENTLY TAKING OR SUPPOSED TO BE TAKING ANY PRESCRIBED MEDICATIONS? YES NO  
IF YES; WHAT: Zoloft, HCTZ, Ibuprofen

G. IS THERE ANY EVIDENCE OF RECENT PHYSICAL INJURY? YES NO  
IF YES; WHAT: \_\_\_\_\_

H. HOW WERE THESE INJURIES RECEIVED ACCORDING TO THE PATIENT ?

I. WERE YOU TREATED FOR THESE INJURIES PRIOR TO ADMISSION? YES NO  
IF YES; GIVE LOCATION: \_\_\_\_\_

J. IS THERE EVIDENCE OR A NEED FOR IMMEDIATE MEDICAL ATTENTION? YES NO  
IF YES; WHAT: \_\_\_\_\_

K. DOES THE PATIENT DISPLAY INAPPROPRIATE BEHAVIOR? YES NO  
IF YES; WHAT: \_\_\_\_\_

L. ARE YOU HAVING ANY THOUGHTS OF SUICIDE OR SELF-INJURY? YES NO

M. REFERRED TO: INFIRMARY ✓ MENTAL HEALTH ✓ SECURITY \_\_\_\_\_

IN ACCORDANCE WITH STATE LAW, IF FUTURE VISITS TO A TDCJ FACILITY HEALTH CLINIC MEETS OFFENDER HEALTH CARE COPAYMENT CRITERIA, I UNDERSTAND THAT MY TRUST FUND WILL BE CHARGED A \$3.00 COPAYMENT FEE. I ALSO UNDERSTAND THAT I WILL BE PROVIDED ACCESS TO HEALTH SERVICES REGARDLESS OF MY ABILITY TO PAY THIS FEE

PATIENT SIGNATURE: Larry McCollum

RECEIVER/SCREENER SIGNATURE: P. Matrice DATE/ TIME: 7-1-02



TDCJ HEALTH SERVICES DIVISION  
TREATMENT FLOW SHEET

Offender Name:

McCollum Jr.

TDCJ#

1105538

MD Orders:

Cleavage E #202  
Bleeding oint to (R)  
Side face cover dsg  
W1202

Start Date:

3-26-03

Expiration Date:

4-6-03

Frequency:

BED

Duration:

N/A

MD:

Raff

709.9

DATE	TIME	NURSES NOTES
3-26-03	1230	ITK. Gore ————
26	1800	ty ————
3-27	1000	no show no reschedule ————
27	1900	NO ty ————
3-28		no show no reschedule ————
28	2030	no show, no tech ————
3-29		
29	1845	NO show no resched ————
3-30	0805	called down - & drainage - wound healing - dc Tx ————
30		
3-31		
31		
4-1		
1		
4-2		
2		
4-3		
3		
4-5		
5		
4-6		
6		



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICESOBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION,  
SECLUSION OR RESTRAINTNAME: McCollum, Larry G.  
CHECK THE APPROPRIATE TYPETDCJ # 1105538 UNIT: 5K☒ CRISIS MANAGEMENT ☐ PSYCHOLOGICAL OBSERV. ☐ SECLUSION  
☐ RESTRAINTDATE & TIME BEGUN 11/01/03 1403

ITEMS ALLOWED: (Check appropriate boxes)

☐ CLOTHING  
☐ UNDERGARMENTS ONLY  
☒ SUICIDE BLANKET  
☐ MATTRESS  
☐ PILLOW☐ REGULAR TRAY☐ PAPER TRAY☒ SACK LUNCH☒ OTHER (Specify): Paper Gown

## CODE EXPLANATION

1. Beating on door/wall
2. Yelling, screaming
3. Crying
4. Laughing
5. Singing
6. Mumbling
7. Talking to self
8. Talking to others
9. Standing still
10. Walking
11. Sitting or lying
12. Quiet
13. Sleeping
14. Meals/fluids
15. Bath/shower
16. Toilet
17. Restraints loosened
18. Range of motion
19. Out-of-cell
20. 1103
21. 1103

## TIME OF VISUAL CHECK

7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
7:00 <u>1103</u>	3:00 <u>1300</u>	11:00 <u>1103</u>
7:15 <u>1103</u>	3:15 <u>1103</u>	11:15 <u>1103</u>
7:30 <u>1103</u>	3:30 <u>1300</u>	11:30 <u>1103</u>
7:45 <u>1103</u>	3:45 <u>1103</u>	11:45 <u>1103</u>
8:00 <u>1103</u>	4:00 <u>1400</u>	12:00 <u>1103</u>
8:15 <u>1103</u>	4:15 <u>1103</u>	12:15 <u>1103</u>
8:30 <u>1103</u>	4:30 <u>1103</u>	12:30 <u>1103</u>
8:45 <u>1103</u>	4:45 <u>1103</u>	12:45 <u>1103</u>
9:00 <u>1103</u>	5:00 <u>1103</u>	1:00 <u>1103</u>
9:15 <u>1103</u>	5:15 <u>1103</u>	1:15 <u>1103</u>
9:30 <u>1103</u>	5:30 <u>1103</u>	1:30 <u>1103</u>
9:45 <u>1103</u>	5:45 <u>1103</u>	1:45 <u>1103</u>
10:00 <u>1103</u>	6:00 <u>1103</u>	2:00 <u>1103</u>
10:15 <u>1103</u>	6:15 <u>1103</u>	2:15 <u>1103</u>
10:30 <u>1103</u>	6:30 <u>1103</u>	2:30 <u>1103</u>
10:45 <u>1103</u>	6:45 <u>1103</u>	2:45 <u>1103</u>
11:00 <u>1103</u>	7:00 <u>1103</u>	3:00 <u>1103</u>
11:15 <u>1103</u>	7:15 <u>1103</u>	3:15 <u>1103</u>
11:30 <u>1103</u>	7:30 <u>1103</u>	3:30 <u>1103</u>
11:45 <u>1103</u>	7:45 <u>1300</u>	3:45 <u>1103</u>
12:00 <u>1103</u>	8:00 <u>1103</u>	4:00 <u>1103</u>
12:15 <u>1103</u>	8:15 <u>1103</u>	4:15 <u>1103</u>
12:30 <u>1103</u>	8:30 <u>1103</u>	4:30 <u>1103</u>
12:45 <u>1103</u>	8:45 <u>1103</u>	4:45 <u>1103</u>
1:00 <u>1103</u>	9:00 <u>1103</u>	5:00 <u>1103</u>
1:15 <u>1103</u>	9:15 <u>1300</u>	5:15 <u>1103</u>
1:30 <u>1103</u>	9:30 <u>1300</u>	5:30 <u>1103</u>
1:45 <u>1103</u>	9:45 <u>1300</u>	5:45 <u>1103</u>
2:00 <u>1103</u>	10:00 <u>1103</u>	6:00 <u>1103</u>
2:15 <u>1103</u>	10:15 <u>1103</u>	6:15 <u>1103</u>
2:30 <u>1103</u>	10:30 <u>1103</u>	6:30 <u>1103</u>
2:45 <u>1300</u>	10:45 <u>1103</u>	6:45 <u>1103</u>

## PRINTED NAME

## INITIALS

Chadams, Kim C CH  
Scallower SH  
Kellom KL  
W. S. S. S. WS

R.D. Hard

Black

M. S. S. S. COTT

Kurtz

FN

D

MS

R/K

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICESOBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION,  
SECLUSION OR RESTRAINTNAME: M<sup>c</sup>CollumTDCJ # 1105538UNIT: SV

CHECK THE APPROPRIATE TYPE:

☐ CRISIS MANAGEMENT    ☐ PSYCHOLOGICAL OBSERV.    ☐ SECLUSION  
☐ RESTRAINT
DATE & TIME BEGUN 1-13-03/0700

ITEMS ALLOWED: (Check appropriate boxes)

☐ CLOTHING☐ UNDERGARMENTS ONLY☐ SUICIDE BLANKET☐ MATTRESS☐ PILLOW☐ REGULAR TRAY☐ PAPER TRAY☒ SACK LUNCH☐ OTHER (Specify): \_\_\_\_\_

## CODE EXPLANATION

## TIME OF VISUAL CHECK

		7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
1.	Beating on door/wall	7:00 <u>11W</u>	3:00 <u>11W</u>	11:00 <u>11W</u>
2.	Yelling, screaming	7:15 <u>11W</u>	3:15 <u>11W</u>	11:15 <u>11W</u>
3.	Crying	7:30 <u>11W</u>	3:30 <u>11W</u>	11:30 <u>11W</u>
4.	Laughing	7:45 <u>11W</u>	3:45 <u>11W</u>	11:45 <u>11W</u>
5.	Singing	8:00 <u>11W</u>	4:00 <u>11W</u>	12:00 <u>11W</u>
6.	Mumbling	8:15 <u>11W</u>	4:15 <u>11W</u>	12:15 <u>11W</u>
7.	Talking to self	8:30 <u>10W</u>	4:30 <u>11W</u>	12:30 <u>11W</u>
8.	Talking to others	8:45 <u>9W</u>	4:45 <u>11W</u>	12:45 <u>11W</u>
9.	Standing still	9:00 <u>9W</u>	5:00 <u>11W</u>	1:00 <u>21W</u>
10.	Walking	9:15 <u>13W</u>	5:15 <u>11W</u>	1:15 <u>11W</u>
11.	Sitting or lying	9:30 <u>11W</u>	5:30 <u>11W</u>	1:30 <u>11W</u>
12.	Quiet	9:45 <u>9W</u>	5:45 <u>11W</u>	1:45 <u>11W</u>
13.	Sleeping	10:00 <u>19W</u>	6:00 <u>11W</u>	2:00 <u>11W</u>
14.	Meals/fluids	10:15 <u>19W</u>	6:15 <u>11W</u>	2:15 <u>11W</u>
15.	Bath/shower	10:30 <u>19W</u>	6:30 <u>11W</u>	2:30 <u>11W</u>
16.	Toilet	10:45 <u>19W</u>	6:45 <u>11W</u>	2:45 <u>11W</u>
17.	Restraints loosened	11:00 <u>11W</u>	7:00 <u>11W</u>	3:00 <u>11W</u>
18.	Range of motion	11:15 <u>11W</u>	7:15 <u>11W</u>	3:15 <u>11W</u>
19.	Out-of-cell	11:30 <u>11W</u>	7:30 <u>11W</u>	3:30 <u>11W</u>
20.	<u>Agg Rounds</u>	11:45 <u>11W</u>	7:45 <u>11W</u>	3:45 <u>11W</u>
21.	<u>pulled out to clean cell</u>	12:00 <u>11W</u>	8:00 <u>11W</u>	4:00 <u>11W</u>
		12:15 <u>11W</u>	8:15 <u>11W</u>	4:15 <u>11W</u>
		12:30 <u>11W</u>	8:30 <u>11W</u>	4:30 <u>11W</u>
		12:45 <u>11W</u>	8:45 <u>11W</u>	4:45 <u>11W</u>
		1:00 <u>11W</u>	9:00 <u>11W</u>	5:00 <u>11W</u>
		1:15 <u>11W</u>	9:15 <u>11W</u>	5:15 <u>11W</u>
		1:30 <u>11W</u>	9:30 <u>11W</u>	5:30 <u>11W</u>
		1:45 <u>11W</u>	9:45 <u>11W</u>	5:45 <u>11W</u>
		2:00 <u>11W</u>	10:00 <u>11W</u>	6:00 <u>11W</u>
		2:15 <u>11W</u>	10:15 <u>11W</u>	6:15 <u>11W</u>
		2:30 <u>11W</u>	10:30 <u>11W</u>	6:30 <u>11W</u>
		2:45 <u>11W</u>	10:45 <u>11W</u>	6:45 <u>11W</u>

## PRINTED NAME

## INITIALS

M. Willis  
Thompson  
Stewart Jr  
R. L. L.

W  
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES

**OBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION,  
SECLUSION OR RESTRAINT**

NAME: M<sup>c</sup>Collum, LarryTDCJ # 1105538UNIT: 0-302

CHECK THE APPROPRIATE TYPE:

☐ CRISIS MANAGEMENT ☐ PSYCHOLOGICAL OBSERV. ☐ SECLUSION  
☐ RESTRAINT

DATE & TIME BEGUN 1-15-03

ITEMS ALLOWED: (Check appropriate boxes)

☐ CLOTHING  
☐ UNDERGARMENTS ONLY  
☐ SUICIDE BLANKET  
☐ MATTRESS  
☐ PILLOW

☐ REGULAR TRAY☐ PAPER TRAY☐ SACK LUNCH☐ OTHER (Specify): \_\_\_\_\_

## CODE EXPLANATION

## TIME OF VISUAL CHECK

		7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
1.	Beating on door/wall	7:00 <u>11</u>	3:00 _____	11:00 _____
2.	Yelling, screaming	7:15 <u>11</u>	3:15 _____	11:15 _____
3.	Crying	7:30 <u>11</u>	3:30 _____	11:30 _____
4.	Laughing	7:45 <u>11</u>	3:45 _____	11:45 _____
5.	Singing	8:00 <u>11</u>	4:00 _____	12:00 _____
6.	Mumbling	8:15 _____	4:15 _____	12:15 _____
7.	Talking to self	8:30 _____	4:30 _____	12:30 _____
8.	Talking to others	8:45 _____	4:45 _____	12:45 _____
9.	Standing still	9:00 _____	5:00 _____	1:00 _____
10.	Walking	9:15 _____	5:15 _____	1:15 _____
11.	Sitting or lying	9:30 _____	5:30 _____	1:30 _____
12.	Quiet	9:45 _____	5:45 _____	1:45 _____
13.	Sleeping	10:00 _____	6:00 _____	2:00 _____
14.	Meals/fluids	10:15 _____	6:15 _____	2:15 _____
15.	Bath/shower	10:30 _____	6:30 _____	2:30 _____
16.	Toilet	10:45 _____	6:45 _____	2:45 _____
17.	Restraints loosened	11:00 _____	7:00 _____	3:00 _____
18.	Range of motion	11:15 _____	7:15 _____	3:15 _____
19.	Out-of-cell	11:30 _____	7:30 _____	3:30 _____
20.	_____	11:45 _____	7:45 _____	3:45 _____
21.	_____	12:00 _____	8:00 _____	4:00 _____
		12:15 _____	8:15 _____	4:15 _____
		12:30 _____	8:30 _____	4:30 _____
		12:45 _____	8:45 _____	4:45 _____
		1:00 _____	9:00 _____	5:00 _____
		1:15 _____	9:15 _____	5:15 _____
		1:30 _____	9:30 _____	5:30 _____
		1:45 _____	9:45 _____	5:45 _____
		2:00 _____	10:00 _____	6:00 _____
		2:15 _____	10:15 _____	6:15 _____
		2:30 _____	10:30 _____	6:30 _____
		2:45 _____	10:45 _____	6:45 _____

PRINTED NAME

INITIALS

G. B. McCollum LM  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNIT: 01

**(✓) No Significant Findings**

HSN-46 (3/97) Front



AME: McCollum, Harry TDCJ# 11 05539 FACILITY:

[illegible]

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES

OBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION,  
SECLUSION OR RESTRAINT

NAME: McCulloughTDCJ # 1105538UNIT: 5D-210

CHECK THE APPROPRIATE TYPE:

☒ CRISIS MANAGEMENT ☐ PSYCHOLOGICAL OBSERV. ☐ SECLUSION  
☐ RESTRAINT

DATE & TIME BEGUN 1-25-03 @ 0700

ITEMS ALLOWED: (Check appropriate boxes)

☐ CLOTHING  
☒ UNDERGARMENTS ONLY  
☐ SUICIDE BLANKET  
☒ MATTRESS  
☐ PILLOW

☐ REGULAR TRAY  
☐ PAPER TRAY  
☒ SACK LUNCH  
☐ OTHER (Specify): \_\_\_\_\_

## CODE EXPLANATION

## TIME OF VISUAL CHECK

		7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
1.	Beating on door/wall	7:00 <u>15 hr</u>	3:00 <u>11ws</u>	11:00 <u>9m</u>
2.	Yelling, screaming	7:15 <u>9 hr</u>	3:15 <u>10ws</u>	11:15 <u>9m</u>
3.	Crying	7:30 <u>9 hr</u>	3:30 <u>10ws</u>	11:30 <u>9m</u>
4.	Laughing	7:45 <u>9 hr</u>	3:45 <u>10ws</u>	11:45 <u>9m</u>
5.	Singing	8:00 <u>9 hr</u>	4:00 <u>10ws 14</u>	12:00 <u>9m</u>
6.	Mumbling	8:15 <u>11 hr</u>	4:15 <u>10ws</u>	12:15 <u>9m</u>
7.	Talking to self	8:30 <u>11 hr</u>	4:30 <u>10ws</u>	12:30 <u>9m</u>
8.	Talking to others	8:45 <u>11 hr</u>	4:45 <u>11ws</u>	12:45 <u>11m</u>
9.	Standing still	9:00 <u>11 hr</u>	5:00 <u>11ws</u>	1:00 <u>11m</u>
10.	Walking	9:15 <u>20hr</u>	5:15 <u>11ws</u>	1:15 <u>11m</u>
11.	Sitting or lying	9:30 <u>11 hr</u>	5:30 <u>11ws</u>	1:30 <u>11m</u>
12.	Quiet	9:45 <u>11 hr</u>	5:45 <u>10ws</u>	1:45 <u>11m</u>
13.	Sleeping	10:00 <u>11hr</u>	6:00 <u>21hr 11ws</u>	2:00 <u>11m</u>
14.	Meals/fluids	10:15 <u>11hr</u>	6:15 <u>11ws</u>	2:15 <u>11m</u>
15.	Bath/shower	10:30 <u>11hr</u>	6:30 <u>11ws</u>	2:30 <u>11m</u>
16.	Toilet	10:45 <u>11hr</u>	6:45 <u>11ws</u>	2:45 <u>11m</u>
17.	Restraints loosened	11:00 <u>11 hr</u>	7:00 <u>11ws</u>	3:00 <u>9m</u>
18.	Range of motion	11:15 <u>11 hr</u>	7:15 <u>11ws</u>	3:15 <u>9m</u>
19.	Out-of-cell	11:30 <u>11 hr</u>	7:30 <u>11ws</u>	3:30 <u>9m</u>
20.	<u>Needs</u>	11:45 <u>11 hr</u>	7:45 <u>11ws</u>	3:45 <u>9m</u>
21.	<u>Vitals</u>	12:00 <u>11 hr</u>	8:00 <u>10ws</u>	4:00 <u>9m</u>
		12:15 <u>11 hr</u>	8:15 <u>11ws</u>	4:15 <u>9m</u>
		12:30 <u>11 hr</u>	8:30 <u>11ws</u>	4:30 <u>9m</u>
		12:45 <u>11 hr</u>	8:45 <u>11ws</u>	4:45 <u>9m</u>
		1:00 <u>11 hr</u>	9:00 <u>11ws</u>	5:00 <u>11m</u>
		1:15 <u>11 hr</u>	9:15 <u>11ws</u>	5:15 <u>11m</u>
		1:30 <u>11 hr</u>	9:30 <u>11ws</u>	5:30 <u>10m</u>
		1:45 <u>11 hr</u>	9:45 <u>11ws</u>	5:45 <u>10m</u>
		2:00 <u>11ws 20CA</u>	10:00 <u>11ws</u>	6:00 <u>10m</u>
		2:15 <u>11ws</u>	10:15 <u>11m</u>	6:15 <u>10m</u>
		2:30 <u>11ws</u>	10:30 <u>11m</u>	6:30 <u>10m</u>
		2:45 <u>10ws</u>	10:45 <u>11m</u>	6:45 <u>10m</u>

## PRINTED NAME

## INITIALS

Thompson TS  
Scallone SS  
A. Foster CO S AS  
Chambers CH  
W. Seaman WS  
G. Wilson CO III GW

Quiter RN  
Collins



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICESOBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION,  
SECLUSION OR RESTRAINTNAME: A'Collum Larry TDCJ # 1105538 UNIT: 5D-216

CHECK THE APPROPRIATE TYPE:

☒ CRISIS MANAGEMENT ☐ PSYCHOLOGICAL OBSERV. ☐ SECLUSION  
☐ RESTRAINTDATE & TIME BEGUN 01-27-03 @ 1:00

ITEMS ALLOWED: (Check appropriate boxes)

☒ CLOTHING  
☐ UNDERGARMENTS ONLY  
☒ SUICIDE BLANKET  
☒ MATTRESS  
☐ PILLOW☒ REGULAR TRAY  
☒ PAPER TRAY  
☒ SACK LUNCH  
☐ OTHER (Specify): \_\_\_\_\_

## CODE EXPLANATION

## TIME OF VISUAL CHECK

		7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
1.	Beating on door/wall	7:00 110m	3:00 110	11:00 110
2.	Yelling, screaming	7:15 90m	3:15 110	11:15 110
3.	Crying	7:30 90m	3:30 110	11:30 110
4.	Laughing	7:45 110m	3:45 110	11:45 110
5.	Singing	8:00 200m	4:00 110	12:00 110
6.	Mumbling	8:15 90m	4:15 110	12:15 110
7.	Talking to self	8:30 90m	4:30 110	12:30 110
8.	Talking to others	8:45 90m	4:45 110	12:45 110
9.	Standing still	9:00 90m	5:00 110	1:00 110
10.	Walking	9:15 90m	5:15 90	1:15 110
11.	Sitting or lying	9:30 110m	5:30 90	1:30 110
12.	Quiet	9:45 110m	5:45 90	1:45 110
13.	Sleeping	10:00 110m	6:00 200 20p	2:00 110
14.	Meals/fluids	10:15 110m	6:15 110	2:15 110
15.	Bath/shower	10:30 140m	6:30 110	2:30 110
16.	Toilet	10:45 110	6:45 110	2:45 110
17.	Restraints loosened	11:00 110	7:00 110	3:00 110
18.	Range of motion	11:15 90	7:15 110	3:15 110
19.	Out-of-cell	11:30 90	7:30 110	3:30 110
20.	110m	11:45 90m	7:45 110	3:45 110
21.	110m	12:00 90m	8:00 110	4:00 110
		12:15 90	8:15 110	4:15 110
		12:30 90	8:30 110	4:30 110
		12:45 110m	8:45 110	4:45 110
		1:00 110m	9:00 110	5:00 110
		1:15 110m	9:15 110	5:15 110
		1:30 110m	9:30 110	5:30 110
		1:45 110m	9:45 110	5:45 110
		2:00 110m	10:00 110	6:00 110
		2:15 110m	10:15 110	6:15 110
		2:30 110m	10:30 110	6:30 110
		2:45 110m	10:45 110	6:45 110

## PRINTED NAME

## INITIALS

McClain jm  
Stewart am  
Hayes kh  
Thompson kr

Deannan DK  
Stewart Berry CB  
William W. Jr JP

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICESOBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION,  
SECLUSION OR RESTRAINTNAME: McCormick, LarryTDCJ # 1105538UNIT: 5D-210

CHECK THE APPROPRIATE TYPE:

☒ CRISIS MANAGEMENT ☐ PSYCHOLOGICAL OBSERV. ☐ SECLUSION  
☐ RESTRAINTDATE & TIME BEGUN 01-29-03 @ 700

ITEMS ALLOWED: (Check appropriate boxes)

☒ CLOTHING☐ UNDERGARMENTS ONLY☒ SUICIDE BLANKET☒ MATTRESS☐ PILLOW☐ REGULAR TRAY☒ PAPER TRAY☐ SACK LUNCH☐ OTHER (Specify): \_\_\_\_\_

## CODE EXPLANATION

## TIME OF VISUAL CHECK

		7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
1.	Beating on door/wall	7:00 <u>IKH</u>	3:00 _____	11:00 _____
2.	Yelling, screaming	7:15 <u>20 K4</u>	3:15 _____	11:15 _____
3.	Crying	7:30 <u>IKH</u>	3:30 _____	11:30 _____
4.	Laughing	7:45 <u>IKH</u>	3:45 _____	11:45 _____
5.	Singing	8:00 <u>IKH</u>	4:00 _____	12:00 _____
6.	Mumbling	8:15 <u>IKH</u>	4:15 _____	12:15 _____
7.	Talking to self	8:30 <u>IKH</u>	4:30 _____	12:30 _____
8.	Talking to others	8:45 <u>IKH</u>	4:45 _____	12:45 _____
9.	Standing still	9:00 <u>IKH</u>	5:00 _____	1:00 _____
10.	Walking	9:15 <u>IKH</u>	5:15 _____	1:15 _____
11.	Sitting or lying	9:30 <u>IKH</u>	5:30 _____	1:30 _____
12.	Quiet	9:45 <u>IKH</u>	5:45 _____	1:45 _____
13.	Sleeping	10:00 <u>IKH</u>	6:00 _____	2:00 _____
14.	Meals/fluids	10:15 _____	6:15 _____	2:15 _____
15.	Bath/shower	10:30 _____	6:30 _____	2:30 _____
16.	Toilet	10:45 _____	6:45 _____	2:45 _____
17.	Restraints loosened	11:00 _____	7:00 _____	3:00 _____
18.	Range of motion	11:15 _____	7:15 _____	3:15 _____
19.	Out-of-cell	11:30 _____	7:30 _____	3:30 _____
20.	<u>Mds</u>	11:45 _____	7:45 _____	3:45 _____
21.	_____	12:00 _____	8:00 _____	4:00 _____
		12:15 _____	8:15 _____	4:15 _____
		12:30 _____	8:30 _____	4:30 _____
		12:45 _____	8:45 _____	4:45 _____
		1:00 _____	9:00 _____	5:00 _____
		1:15 _____	9:15 _____	5:15 _____
		1:30 _____	9:30 _____	5:30 _____
		1:45 _____	9:45 _____	5:45 _____
		2:00 _____	10:00 _____	6:00 _____
		2:15 _____	10:15 _____	6:15 _____
		2:30 _____	10:30 _____	6:30 _____
		2:45 _____	10:45 _____	6:45 _____

PRINTED NAME

INITIALS

Hayes  
Giblin  
\_\_\_\_\_  
\_\_\_\_\_KH  
LI  
\_\_\_\_\_  
\_\_\_\_\_



## LABORATORY CORPORATION OF AMERICA

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
189-163-2664-0	S	DA	COMPLETE	1

## ADDITIONAL INFORMATION

LV,2ST FASTING: N  
DOB: 4/04/1953

PATIENT NAME	SEX	AGE(YR./MOS.)
MCCOLLUM, LARRY	M	49 / 3

PT. ADD.:

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/08/2002	8:17	7/08/2002	7/09/2002	16:19	4463

## CLINICAL INFORMATION

CD- 83044226254

PHYSICIAN ID.	PATIENT ID.
MILLS P	1105538

ACCOUNT: TDCJ-HUTCHINS  
HUTCHINS UNIT.  
1500 E. LANGDON  
DALLAS TX 75241-0000  
ACCOUNT NUMBER: 42344813

TEST	RESULT	LIMITS	LAB
CMP12+LP+6AC			
CHEMISTRIES			
> Glucose, Serum	59 L mg/dL	65 - 109	DA
> Uric Acid, Serum	9.2H mg/dL	2.4 - 8.2	DA
**Verified by repeat analysis**			
BUN	16 mg/dL	5 - 26	DA
Creatinine, Serum	.9 mg/dL	.5 - 1.5	DA
BUN/Creatinine Ratio	17		
Sodium, Serum	143 mmol/L	135 - 148	DA
Potassium, Serum	3.6 mmol/L	3.5 - 5.5	DA
> Chloride, Serum	111 H mmol/L	96 - 109	DA
Calcium, Serum	8.9 mg/dL	8.5 - 10.6	DA
Phosphorus, Serum	3.9 mg/dL	2.5 - 4.5	DA
Protein, Total, Serum	7.1 g/dL	6.0 - 8.5	DA
> Albumin, Serum	3.4L g/dL	3.5 - 5.5	DA
Globulin, Total	3.7 g/dL	1.5 - 4.5	
> A/G Ratio	.9L	1.1 - 2.5	
Bilirubin, Total	.2 mg/dL	.1 - 1.2	DA
Alkaline Phosphatase, Serum	80 IU/L	25 - 150	DA
LDH	140 IU/L	100 - 250	DA
AST (SGOT)	18 IU/L	0 - 40	DA
ALT (SGPT)	20 IU/L	0 - 40	DA
GGT	12 IU/L	0 - 65	DA
Iron, Serum	68 mcg/dL	40 - 155	DA
LIPIDS			
Cholesterol, Total	164 mg/dL	100 - 199	DA
> Triglycerides	312 H mg/dL	0 - 149	DA
> HDL Cholesterol	25 L mg/dL	40 - 59	DA
> VLDL Cholesterol Calc	62 H mg/dL	5 - 40	DA
LDL Cholesterol Calc	76 mg/dL	0 - 99	
> T. Chol/HDL Ratio	6.5H ratio units	.0 - 5.0	
> Estimated CHD Risk	1.3H times avg.	.0 - 1.0	
(The CHD Risk is based on the T. Chol/HDL Ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.)			
T. Chol/HDL Ratio			
Men Women			
1/2 Avg. Risk 3.4 3.3L			
Avg. Risk 5.0 4.4			
2X Avg. Risk 9.6 7.1			
3X Avg. Risk 23.4 11.0			

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page  
Plaintiffs' MSJ Appx. 934

## LABORATORY CORPORATION OF AMERICA

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
189-163-2664-0	S	DA	COMPLETE	2

## ADDITIONAL INFORMATION

LV,2ST  
 FASTING: N  
 DOB: 4/04/1953

PATIENT NAME	SEX	AGE(YR./MOS.)
MCCOLLUM, LARRY	M	49 / 3

PT. ADD.:

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/08/2002	8:17	7/08/2002	7/09/2002	16:19	4463

## CLINICAL INFORMATION

CD- 83044226254

PHYSICIAN ID.	PATIENT ID.
MILLS P	1105538

ACCOUNT: TDCJ-HUTCHINS  
 HUTCHINS UNIT.  
 1500 E. LANGDON  
 DALLAS TX 75241-0000  
 ACCOUNT NUMBER: 42344813

TEST	RESULT	LIMITS	LAB
CBC WITH DIFFERENTIAL/PLATELET			
White Blood Cell (WBC) Count	6.8 X10-3/uL	4.0 - 10.5	DA
> Red Blood Cell (RBC) Count	4.07L X 10-6/uL	4.10 - 5.60	DA
Hemoglobin	12.8 g/dL	12.5 - 17.0	DA
Hematocrit	37.8 %	36.0 - 50.0	DA
MCV	93 fL	80 - 98	DA
MCH	31.4 pg	27.0 - 34.0	DA
MCHC	33.8 g/dL	32.0 - 36.0	DA
RDW	13.9 %	11.7 - 15.0	DA
Platelets	195 X 10-3/uL	140 - 415	DA
Polys	49 %	40 - 74	DA
Lymphs	45 %	14 - 46	DA
Monocytes	5 %	4 - 13	DA
Eos	1 %	0 - 7	DA
Basos	0 %	0 - 3	DA
Polys (Absolute)	3.3 X 10-3/uL	1.8 - 7.8	DA
Lymphs (Absolute)	3.1 X10-3/uL	.7 - 4.5	DA
Monocytes (Absolute)	.3 X 10-3/uL	.1 - 1.0	DA
Eos (Absolute Value)	.1 X 10-3/uL	.0 - .4	DA
Baso (Absolute)	.0 X 10-3/uL	.0 - .2	DA
THYROID PANEL WITH TSH			
TSH	3.525 mIU/mL	.350 - 5.500	DA
> Thyroxine (T4)	3.0L mcg/dL	4.5 - 12.0	DA
T3 Uptake	34 %	24 - 39	DA
> Free Thyroxine Index	1.0L	1.2 - 4.9	DA
Prostate-specific Ag, Serum	.3 ng/mL	.0 - 4.0	DA
<p>Test results were obtained by the Abbott MEIA methodology. Values obtained with different assay methodologies should not be used interchangeably in serial PSA testing. Assay results should not be interpreted as absolute evidence of the presence or absence of malignant disease.</p>			
> Helicobacter pylori, IgG	3.5H U/mL	.0 - .8	DA
	Negative	0.0 - 0.8	
	Indeterminate	0.9 - 1.0	
	Positive	>or=1.1	

2007 JUL 10 AM 8:03

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

Plaintiffs' MSJ Appx. 935

**LABORATORY CORPORATION OF AMERICA**

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
189-163-2664-0	S	DA	COMPLETE	3

**ADDITIONAL INFORMATION**

LV,2ST      FASTING: N  
DOB: 4/04/1953

PATIENT NAME	SEX	AGE(YR./MOS.)
MCCOLLUM,LARRY	M	49 / 3

PT. ADD.:

**CLINICAL INFORMATION**

CD- 83044226254

PHYSICIAN ID.	PATIENT ID.
MILLS P	1105538

ACCOUNT: TDCJ-HUTCHINS  
HUTCHINS UNIT.  
1500 E. LANGDON  
DALLAS TX 75241-0000  
ACCOUNT NUMBER: 42344813

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME
7/08/2002	8:17	7/08/2002	7/09/2002	16:19 4463

**TEST****RESULT****LIMITS****LAB**

LAB: DA LABCORP DALLAS

DIRECTOR: CELESTE VARDAMAN MD

7777 FOREST LANE SUITE 350C, DALLAS, TX 75230-0000

2002 JUL 10 AM 6:03

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

Plaintiffs' MSJ Appx. 936

Texas Department of Criminal Justice  
**INSTITUTIONAL DIVISION**  
**LABORATORY REPORTS**

Last Name

First Name

Number

Ward

Name:

TDCJ Number:

TDCJ Unit:

Date Collected:

Time:

TEST

NORMAL

RESULT

RBS

84

PAUL F. MILLS, D.O.  
 7-9-22-0820

Tech:

Date:

HSM - 37  
 (Rev. 2/92)

**TDCJ LABORATORY SERVICES**  
**MISCELLANEOUS**

T0100

Plaintiffs' MSJ Appx. 937

HSM - 31 (Rev. 5/92)

LABORATORY REPORTS

## LABORATORY CORPORATION OF AMERICA

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
183-163-2730-0	S	DA	COMPLETE	1

## ADDITIONAL INFORMATION

ST	FASTING: N				
	DOB: 4/04/1953				
PATIENT NAME			SEX	AGE(YR./MOS.)	
MCCOLLUM,LARRY			M	49 / 2	
PT. ADD.:					
DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/02/2002	11:20	7/02/2002	7/03/2002	8:28	4373

## CLINICAL INFORMATION

CD- 83044225587

PHYSICIAN ID.	PATIENT ID.
MILLS P	1105538

ACCOUNT: TDCJ-HUTCHINS  
HUTCHINS UNIT.  
1500 E. LANGDON  
DALLAS TX 75241-0000  
ACCOUNT NUMBER: 42344813

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

PANEL 083824

HIV-1 ABS-EIA

HIV-1 ABS-O.D. RATIO

.29

&lt;1.00

DA

DA

O.D. Ratios: Patient  
antibody level relative  
to the negative cutoff.

HIV-1 ABS, QUAL

Non-Reactive

NON-REACTIVE

DA

DA

NOTE: Submission of serum  
separator tube recommended  
for this test. Thank you  
for your cooperation if you  
are already doing so.

RPR, RFX QN RPR/CONFIRM TP-PA  
RPR

Non-Reactive

Non-Reactive

DA

DA

LAB: DA LABCORP DALLAS

DIRECTOR: CELESTE VARDAMAN MD

7777 FOREST LANE SUITE 350G, DALLAS, TX 75230-0000

2007 JUL -3 AM 3:03

Post test 8-7-12

5 7/10 L

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

Plaintiffs' MSJ Appx. 938



# **RADIOLOGY REQUEST**

Facility <u>COLE</u>	Date <u>4-4-53</u> <u>12-12-02</u>
NAME <u>Mc CULLUM, LARRY</u>	
TDCJ# <u>1105538</u>	DOB <u>4-4-53</u> SEX <u>M</u>
Date Performed <u>12-16-02</u>	R.T. Initials <u>RGM</u>

Medical History and Indication for Exam:

45 pain  
Back since pain

Requesting Clinician Mr. Andrew D. McCoy


## **CIRCLE REQUESTED EXAMINATION**

AC Joints	R	L	Pelvis			Cervical Spine	3-View	Chest	1-View
Clavicle	R	L	Sacrum				5-View	Chest	2-View
Shoulder	R	L	S.I. Joints			Thoracic Spine		Ribs	
Humerus	R	L	Hip	R	L	<u>Lumbar Spine</u>	<u>3-View</u>	Abdomen	1-View
Elbow	R	L	Femur	R	L		5-View	Abdomen Series	
Forearm	R	L	<u>Knee</u>	<u>R</u>	<u>L</u>	Nasal Bone		UGI	
Wrist	R	L	Leg	R	L	Facial Bones		GB	
Hand	R	L	Ankle	R	L	Mandible		IVP	
Finger			Foot	R	L	Sinuses		OTHER	
			Toe			Skull			

Tentative Impression:

unremarkable

Clinician Signature



### **LUMBAR SPINE:**

No recent fracture or acute bone pathology can be identified. Heights of the vertebral bodies and disc spaces are maintained.

### **RIGHT KNEE:**


No recent fracture or acute bone pathology can be identified. Articular relationships are intact. Soft tissues are within normal limits. There is some arthritic change.

### **LEFT KNEE:**

No recent fracture or acute bone pathology can be identified. Articular relationships are intact. Soft tissues are within normal limits. There is minimal early articular marginal spurring.

R.L. Hardy, D.O.  
Radiologist

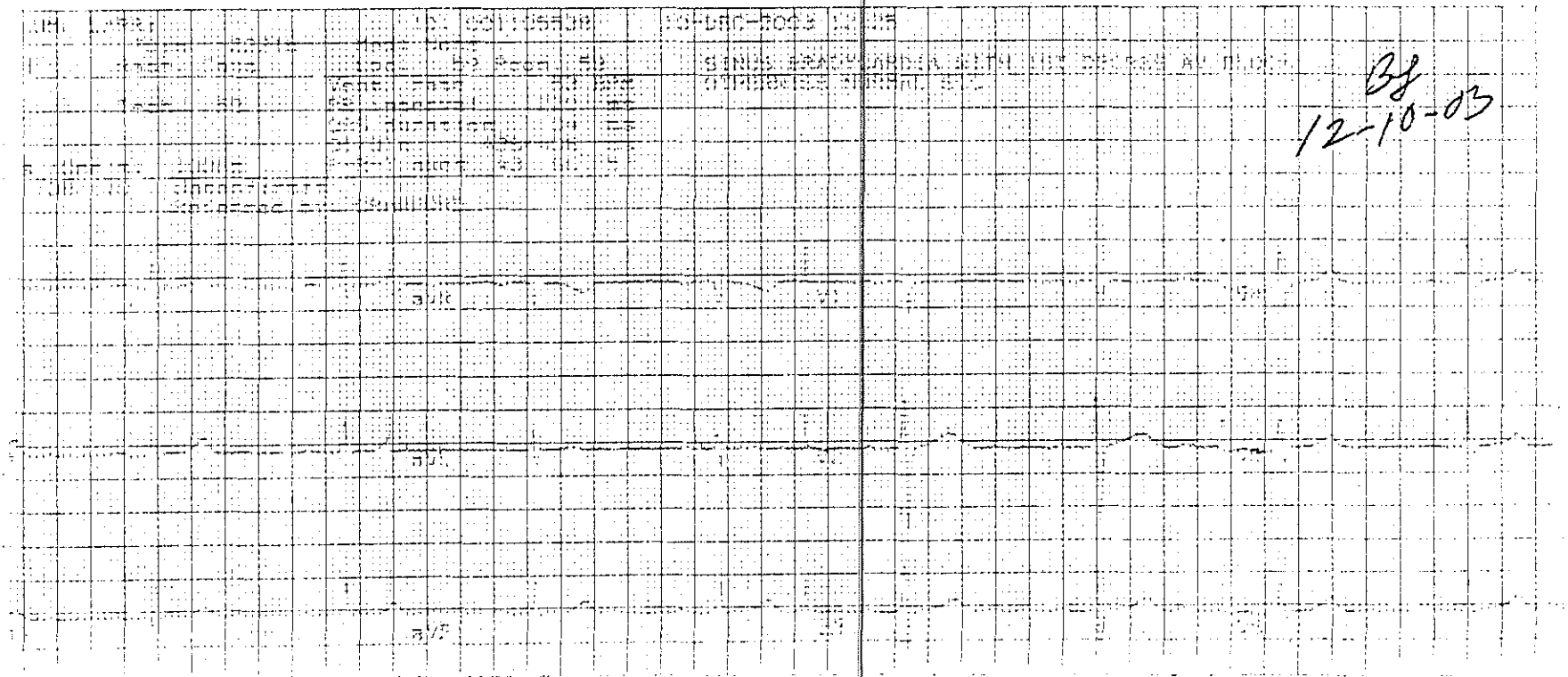
dreced:12/20/02  
dd: 12/20/02  
dt: 12/20/02  
sg

 BARRY RAFF MD  
AM  
PM

2002 DEC 20 11:11:04

NAME: LAST M<sup>c</sup>Collum FIRST Larry  
 TDCJ#: 1105538  
 UNIT: SV ✓ HD         
 DATE ORDERED: 12-3-03  
 AGE: 50  
 SEX: m  
 HEIGHT (In Inches): 70  
 WEIGHT: 222  
 RACE: W  
 DOCTOR: Crawford  
 TECH ID#: 59

SCANNED



☆HS

W  
8-20-02  
J

J. Hicks/LVN  
Psychiatric Nurse

7-2-02

McCollum, Larry

1105538

**TDCJ HEALTH SERVICES DIVISION  
NURSE'S CHAIN REVIEW**

NAME: McCallum, LarryTDCJ#: 1105538**I. OUTGOING CHART REVIEW**Date: 11/6/07Time: 2:00Facility: SVTransfer to: 12Allergies: NKAMethod and time of travel appropriate: YES ☒ NO ☐ Medical Condition Appropriate for Travel: YES ☒ NO ☐X-rays sent: YES ☐ NO ☒ N/A ☐ Current med pass on chart: YES ☒ NO ☐ DOT: YES ☐ NO ☒Meds sent: YES ☐ NO ☒ N/A ☐ Health Problems: Medical ☒ Dental ☐ Mental ☒Special Diet: 0Treatment/Preps: 0Housing Restrictions: 0Discipline Restrictions: YES ☐ NO ☒ TV 13Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☐Pending Appts/Follow-ups: 0Special Instructions given to transport personnel: YES ☐ NO ☒ N/A ☐Nurse Signature/Date/Time: B. Smith for 11/6/07 2:00**II. ENROUTE CHART REVIEW**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Facility: \_\_\_\_\_

On Meds: YES ☐ NO ☐ Meds rec'd: YES ☐ NO ☐ DOT: YES ☐ NO ☐ X-rays rec'd: YES ☐ NO ☐

Housing Restrictions: \_\_\_\_\_

Treatment/Preps: \_\_\_\_\_

New Orders: \_\_\_\_\_

New Medications On Computer: YES ☐ NO ☐

Pending Appointments: \_\_\_\_\_

Chart for Review to: CID ☐ Mental Health ☐ Dental ☐

Additional Comments: \_\_\_\_\_

Nurse Signature/Date/Time: \_\_\_\_\_

Physician-PE Signature/Date/Time: \_\_\_\_\_

**III. FACILITY OF ASSIGNMENT:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Facility: \_\_\_\_\_

DOT: YES ☐ NO ☐ Meds rec'd: YES ☐ NO ☐ Date last PPD ☐ / CXR ☐X-rays rec'd: YES ☐ NO ☐

Health Diagnoses: \_\_\_\_\_

Meds: \_\_\_\_\_

Rec'd ☐Exp'd ☐

MD Reorder \_\_\_\_\_

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Treatments/Special Care/Follow-up/Diet/Appointments: \_\_\_\_\_

Chart to Review to: CID ☐ Mental Health ☐ Dental ☐Add to Chronic Clinic: YES ☐ NO ☐

Restrictions: Housing \_\_\_\_\_ Work \_\_\_\_\_

Discipline: YES ☐ NO ☐

Nurse Signature/Date/Time: \_\_\_\_\_

Physician-PE Signature/Date/Time: \_\_\_\_\_

Name: McCollum, Larry  
 TDCJ No.: 1105538  
 Unit: 5

HSM - 1 (Rev. 5/92)

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: McCollum, Larry  
 TDCJ No.: 110 5538  
 Unit: Skyview D1E

Date & Time	Notes
12/2/03 1030	Psychology Note. (50) I was seen on this date for initial psychological evaluation. I was advised of the nature/used for this procedure. Risks, specifically the possibility of misdiagnosis if provided inaccurate or incomplete information and delays in appropriate tx; benefits, such as accurate placement in tx or alternative programs, and alternatives were discussed. I was advised that participation was voluntary, could be discontinued at any time. I was advised of the limits of confidentiality and was provided written copy of same. I indicated understanding and was cooperative in the procedure.
	I currently present no suicidal/homicidal or self-harm ideation or intent.
	① Dr 311, Provisional. TPO medical causes (eg Gerson) for progression.
	② Psychological evaluation completed. Consulted re turning up. I remain on D1E/Monitoring status I do.
12-10-03 1230	EKG completed. Pt tolerated well. Q1/QTC 436/140/6.
12-10-03 1430	① Admit to Mood D10 to track Axis I: 311; ② R10 293.9 ② see Physicians Orders sheet Blue Range used R10 293.9 12/10/03 1500 admit for 1/6/04 Discharge to County Jail of assignment 0935 Pt on Prozac 40mg daily. Please see print pages.

Please sign each entry with status.

Plaintiffs' MSJ Appx. 944

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICESOBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION,  
SECLUSION OR RESTRAINTNAME: McCullum, LarryTDCJ # 1105538UNIT: 5V

CHECK THE APPROPRIATE TYPE:

☐ CRISIS MANAGEMENT☒ PSYCHOLOGICAL OBSERV.☐ SECLUSION☐ RESTRAINTD + E statusDATE & TIME BEGUN 12-07-03

ITEMS ALLOWED: (Check appropriate boxes)

☒ CLOTHING☒ UNDERGARMENTS ONLY☐ SUICIDE BLANKET☒ MATTRESS☐ PILLOW☐ REGULAR TRAY☒ PAPER TRAY☐ SACK LUNCH☐ OTHER (Specify): \_\_\_\_\_

## CODE EXPLANATION

## TIME OF VISUAL CHECK

		7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
1.	Beating on door/wall	7:00 <u>20g</u>	3:00 <u>21W</u>	11:00 <u>11BR</u>
2.	Yelling, screaming	7:15 <u>11W</u>	3:15 <u>9W</u>	11:15 <u>11BR</u>
3.	Crying	7:30 <u>11W</u>	3:30 <u>11W</u>	11:30 <u>11BR</u>
4.	Laughing	7:45 <u>11W</u>	3:45 <u>11W</u>	11:45 <u>11BR</u>
5.	Singing	8:00 <u>11W</u>	4:00 <u>11W</u>	12:00 <u>11BR</u>
6.	Mumbling	8:15 <u>11W</u>	4:15 <u>12W</u>	12:15 <u>11BR</u>
7.	Talking to self	8:30 <u>11W</u>	4:30 <u>12W</u>	12:30 <u>11BR</u>
8.	Talking to others	8:45 <u>11W</u>	4:45 <u>12W</u>	12:45 <u>11BR</u>
9.	Standing still	9:00 <u>11W</u>	5:00 <u>12W</u>	1:00 <u>11BR</u>
10.	Walking	9:15 <u>11W</u>	5:15 <u>12W</u>	1:15 <u>11BR</u>
11.	Sitting or lying	9:30 <u>11W</u>	5:30 <u>12W</u>	1:30 <u>11BR</u>
12.	Quiet	9:45 <u>11W</u>	5:45 <u>12W</u>	1:45 <u>11BR</u>
13.	Sleeping	10:00 <u>11W</u>	6:00 <u>12W</u>	2:00 <u>11BR</u>
14.	Meals/fluids	10:15 <u>11W</u>	6:15 <u>12W</u>	2:15 <u>11BR</u>
15.	Bath/shower	10:30 <u>11W</u>	6:30 <u>11BR</u>	2:30 <u>11BR</u>
16.	Toilet	10:45 <u>11W</u>	6:45 <u>11BR</u>	2:45 <u>11BR</u>
17.	Restraints loosened	11:00 <u>11W</u>	7:00 <u>11BR</u>	3:00 <u>11BR</u>
18.	Range of motion	11:15 <u>11W</u>	7:15 <u>11BR</u>	3:15 <u>11BR</u>
19.	Out-of-cell	11:30 <u>11W</u>	7:30 <u>11BR</u>	3:30 <u>11BR</u>
20.	<u>neg room made</u>	11:45 <u>11W</u>	7:45 <u>11BR</u>	3:45 <u>11BR</u>
21.	<u>meds</u>	12:00 <u>11W</u>	8:00 <u>11BR</u>	4:00 <u>11BR</u>
		12:15 <u>11W</u>	8:15 <u>11BR</u>	4:15 <u>11BR</u>
		12:30 <u>11W</u>	8:30 <u>11BR</u>	4:30 <u>11BR</u>
		12:45 <u>11W</u>	8:45 <u>11BR</u>	4:45 <u>11BR</u>
		1:00 <u>11W</u>	9:00 <u>11BR</u>	5:00 <u>11BR</u>
		1:15 <u>11W</u>	9:15 <u>11BR</u>	5:15 <u>11BR</u>
		1:30 <u>11W</u>	9:30 <u>11BR</u>	5:30 <u>11BR</u>
		1:45 <u>11W</u>	9:45 <u>11BR</u>	5:45 <u>11BR</u>
		2:00 <u>11W</u>	10:00 <u>11BR</u>	6:00 <u>11BR</u>
		2:15 <u>11W</u>	10:15 <u>11BR</u>	6:15 <u>11BR</u>
		2:30 <u>11W</u>	10:30 <u>11BR</u>	6:30 <u>11BR</u>
		2:45 <u>11W</u>	10:45 <u>11BR</u>	6:45 <u>20g</u>

## PRINTED NAME

## INITIALS

Foreman, M.11WRever11WC. CONWAY11WW. Sharp11WE. KingBRW. Booner11W



204  
C/MTEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICESOBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION,  
SECLUSION OR RESTRAINTNAME: McCallum LARRYTDCJ # 1105535UNIT: SC

CHECK THE APPROPRIATE TYPE:

☒ CRISIS MANAGEMENT ☐ PSYCHOLOGICAL OBSERV. ☐ SECLUSION  
☐ RESTRAINTDATE & TIME BEGUN 12-1-2003

ITEMS ALLOWED: (Check appropriate boxes)

☒ CLOTHING☐ UNDERGARMENTS ONLY☐ SUICIDE BLANKET☒ MATTRESS☒ PILLOW☐ REGULAR TRAY☒ PAPER TRAY☐ SACK LUNCH☐ OTHER (Specify): \_\_\_\_\_

## CODE EXPLANATION

## TIME OF VISUAL CHECK

		7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
1.	Beating on door/wall	7:00 <input checked="" type="checkbox"/>	3:00 <input type="checkbox"/>	11:00 <input type="checkbox"/>
2.	Yelling, screaming	7:15 <input checked="" type="checkbox"/>	3:15 <input type="checkbox"/>	11:15 <input type="checkbox"/>
3.	Crying	7:30 <input checked="" type="checkbox"/>	3:30 <input type="checkbox"/>	11:30 <input type="checkbox"/>
4.	Laughing	7:45 <input checked="" type="checkbox"/>	3:45 <input type="checkbox"/>	11:45 <input type="checkbox"/>
5.	Singing	8:00 <input checked="" type="checkbox"/>	4:00 <input type="checkbox"/>	12:00 <input type="checkbox"/>
6.	Mumbling	8:15 <input checked="" type="checkbox"/>	4:15 <input type="checkbox"/>	12:15 <input type="checkbox"/>
7.	Talking to self	8:30 <input checked="" type="checkbox"/>	4:30 <input type="checkbox"/>	12:30 <input type="checkbox"/>
8.	Talking to others	8:45 <input checked="" type="checkbox"/>	4:45 <input type="checkbox"/>	12:45 <input type="checkbox"/>
9.	Standing still	9:00 <input checked="" type="checkbox"/>	5:00 <input type="checkbox"/>	1:00 <input type="checkbox"/>
10.	Walking	9:15 <input checked="" type="checkbox"/>	5:15 <input type="checkbox"/>	1:15 <input type="checkbox"/>
11.	Sitting or lying	9:30 <input checked="" type="checkbox"/>	5:30 <input type="checkbox"/>	1:30 <input type="checkbox"/>
12.	Quiet	9:45 <input checked="" type="checkbox"/>	5:45 <input type="checkbox"/>	1:45 <input type="checkbox"/>
13.	Sleeping	10:00 <input checked="" type="checkbox"/>	6:00 <input type="checkbox"/>	2:00 <input type="checkbox"/>
14.	Meals/fluids	10:15 <input checked="" type="checkbox"/>	6:15 <input type="checkbox"/>	2:15 <input type="checkbox"/>
15.	Bath/shower	10:30 <input checked="" type="checkbox"/>	6:30 <input type="checkbox"/>	2:30 <input type="checkbox"/>
16.	Toilet	10:45 <input checked="" type="checkbox"/>	6:45 <input type="checkbox"/>	2:45 <input type="checkbox"/>
17.	Restraints loosened	11:00 <input checked="" type="checkbox"/>	7:00 <input type="checkbox"/>	3:00 <input type="checkbox"/>
18.	Range of motion	11:15 <input checked="" type="checkbox"/>	7:15 <input type="checkbox"/>	3:15 <input type="checkbox"/>
19.	Out-of-cell	11:30 <input checked="" type="checkbox"/>	7:30 <input type="checkbox"/>	3:30 <input type="checkbox"/>
20.		11:45 <input type="checkbox"/>	7:45 <input type="checkbox"/>	3:45 <input type="checkbox"/>
21.		12:00 <input type="checkbox"/>	8:00 <input type="checkbox"/>	4:00 <input type="checkbox"/>
	PRINTED NAME <u>Dart</u>	12:15 <input type="checkbox"/>	8:15 <input type="checkbox"/>	4:15 <input type="checkbox"/>
	INITIALS <u>LD</u>	12:30 <input type="checkbox"/>	8:30 <input type="checkbox"/>	4:30 <input type="checkbox"/>
		12:45 <input type="checkbox"/>	8:45 <input type="checkbox"/>	4:45 <input type="checkbox"/>
		1:00 <input type="checkbox"/>	9:00 <input type="checkbox"/>	5:00 <input type="checkbox"/>
		1:15 <input type="checkbox"/>	9:15 <input type="checkbox"/>	5:15 <input type="checkbox"/>
		1:30 <input type="checkbox"/>	9:30 <input type="checkbox"/>	5:30 <input type="checkbox"/>
		1:45 <input type="checkbox"/>	9:45 <input type="checkbox"/>	5:45 <input type="checkbox"/>
		2:00 <input type="checkbox"/>	10:00 <input type="checkbox"/>	6:00 <input type="checkbox"/>
		2:15 <input type="checkbox"/>	10:15 <input type="checkbox"/>	6:15 <input type="checkbox"/>
		2:30 <input type="checkbox"/>	10:30 <input type="checkbox"/>	6:30 <input type="checkbox"/>
		2:45 <input type="checkbox"/>	10:45 <input type="checkbox"/>	6:45 <input type="checkbox"/>



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES

OBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION,  
SECLUSION OR RESTRAINT

NAME: McMillen, Larry

TDCJ # 1105538

UNIT: 56

CHECK THE APPROPRIATE TYPE:

☒ CRISIS MANAGEMENT ☐ PSYCHOLOGICAL OBSERV. ☐ SECLUSION  
☐ RESTRAINT

DATE & TIME BEGUN 11-30-03

ITEMS ALLOWED: (Check appropriate boxes)

☒ CLOTHING  
☐ UNDERGARMENTS ONLY  
☐ SUICIDE BLANKET  
☒ MATTRESS  
☐ PILLOW

☐ REGULAR TRAY  
☒ PAPER TRAY  
☐ SACK LUNCH  
☐ OTHER (Specify): \_\_\_\_\_

CODE EXPLANATION

TIME OF VISUAL CHECK

		7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
1.	Beating on door/wall	7:00 <u>10a</u>	3:00 <u>11a</u>	11:00 <u>11a</u>
2.	Yelling, screaming	7:15 <u>11a</u>	3:15 <u>11a</u>	11:15 <u>11a</u>
3.	Crying	7:30 <u>11a</u>	3:30 <u>11a</u>	11:30 <u>11a</u>
4.	Laughing	7:45 <u>11c</u>	3:45 <u>11a</u>	11:45 <u>11a</u>
5.	Singing	8:00 <u>11c</u>	4:00 <u>14c</u>	12:00 <u>11a</u>
6.	Mumbling	8:15 <u>10a</u>	4:15 <u>11c</u>	12:15 <u>11a</u>
7.	Talking to self	8:30 <u>10a</u>	4:30 <u>11c</u>	12:30 <u>11a</u>
8.	Talking to others	8:45 <u>11c</u>	4:45 <u>11a</u>	12:45 <u>11a</u>
9.	Standing still	9:00 <u>10:11a</u>	5:00 <u>11c</u>	1:00 <u>11a</u>
10.	Walking	9:15 <u>10a</u>	5:15 <u>11c</u>	1:15 <u>11a</u>
11.	Sitting or lying	9:30 <u>10a</u>	5:30 <u>10a</u>	1:30 <u>11a</u>
12.	Quiet	9:45 <u>10a</u>	5:45 <u>10a</u>	1:45 <u>11a</u>
13.	Sleeping	10:00 <u>10a</u>	6:00 <u>11a</u>	2:00 <u>11a</u>
14.	Meals/fluids	10:15 <u>10a</u>	6:15 <u>11c</u>	2:15 <u>11a</u>
15.	Bath/shower	10:30 <u>11a</u>	6:30 <u>11a</u>	2:30 <u>11a</u>
16.	Toilet	10:45 <u>11a</u>	6:45 <u>11a</u>	2:45 <u>11a</u>
17.	Restraints loosened	11:00 <u>11a</u>	7:00 <u>11a</u>	3:00 <u>11a</u>
18.	Range of motion	11:15 <u>11c</u>	7:15 <u>11a</u>	3:15 <u>11a</u>
19.	Out-of-cell	11:30 <u>10a</u>	7:30 <u>11a</u>	3:30 <u>11a</u>
20.	<u>11-30-03</u>	11:45 <u>10a</u>	7:45 <u>11a</u>	3:45 <u>11a</u>
21.	<u>neg rls</u>	12:00 <u>11a</u>	8:00 <u>11a</u>	4:00 <u>11a</u>
		12:15 <u>11a</u>	8:15 <u>11a</u>	4:15 <u>11a</u>
		12:30 <u>11a</u>	8:30 <u>11a</u>	4:30 <u>11a</u>
		12:45 <u>11a</u>	8:45 <u>11a</u>	4:45 <u>11a</u>
		1:00 <u>11c</u>	9:00 <u>11a</u>	5:00 <u>11a</u>
		1:15 <u>11c</u>	9:15 <u>11a</u>	5:15 <u>11a</u>
		1:30 <u>11c</u>	9:30 <u>11a</u>	5:30 <u>11a</u>
		1:45 <u>11c</u>	9:45 <u>11a</u>	5:45 <u>11a</u>
		2:00 <u>11c</u>	10:00 <u>11a</u>	6:00 <u>11a</u>
		2:15 <u>11a</u>	10:15 <u>11a</u>	6:15 <u>11a</u>
		2:30 <u>11a</u>	10:30 <u>11a</u>	6:30 <u>11a</u>
		2:45 <u>11a</u>	10:45 <u>11a</u>	6:45 <u>11a</u>

PRINTED NAME

INITIALS

C. Wood CW  
N. Wood NW  
R. Wood RW  
R. Wood RW

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONName: McCollum, LarryDCJ No.: 1105538Unit: SV

Date & Time	Notes
11/25/03 1810	Admitted to SV for crisis management - L. Crawford, R.
11/26/03 0850	Pt may have all C/M materials: clothing mattress and papu. L. McKinnon SP
11-26-03	neg DSC - chart ref. for order of naproxen indicated by R.
11-26-03	naproxen 500 mg t po bid x 30 d
1000 POC 10P	V.O. Dr. Crawford / Phason R.
	JOE D CRAWFORD M.D.
11-26-03 1515	11/26-03 1130
11-26-03 0746	Discharge pt from C/M admit to D.E. L. McKinnon SP
12-3-03 1400	D/E psych eval and limited PE (due to lock-down status) completed/dictated - Axis I: Depressive D/O, NOS 311; 2 R/O Mental D/O, NOS due to possible CV problems 293.9 (Belle Rangus M.D. M.H.)
12-3-03 1515	① D/C Fluoxetine 20mg po q pr ② D/C Cogentin 2mg po q pr ③ D/C Benadryl 25mg po q HS ④ Fluoxetine 20mg po q pr x 30 days ⑤ Trazodone 100mg po q pr x 14 days, then D/C ⑥ CBC, Chem 10, Liver Renal & Thyroid profiles, TSH, Cardiac Enzy, Folate & B-12 levels, EKG - 512 leads cut 50c
3MO CH	(Belle Rangus M.D. M.H.)
Please sign each entry with status:	Plaintiff's MSJ Appx. 948 11740